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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08770

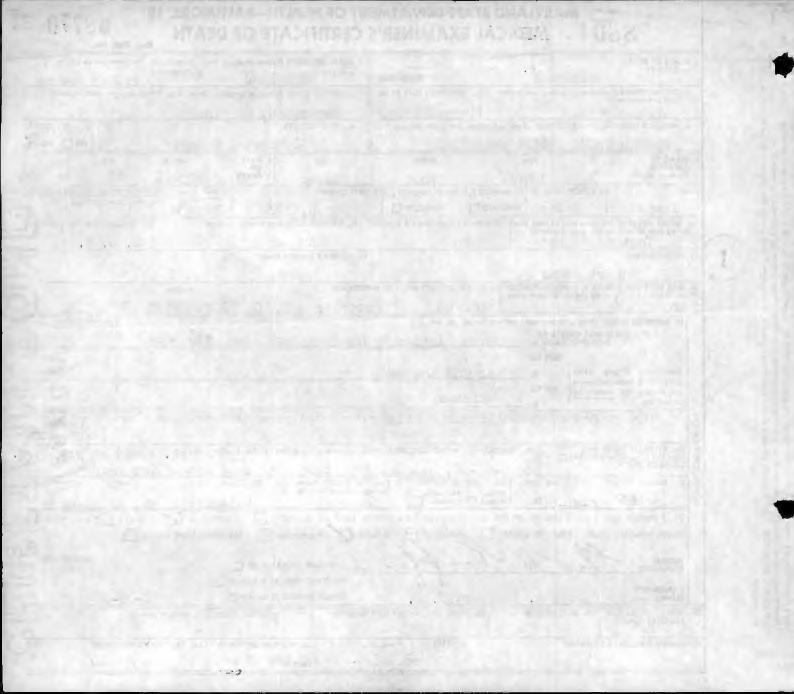
Orthur & Kenne

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Q. STATE b. COUNTY Baltimore MARYLAND Mary land Prince George b. CITY OR TOWN (If exhide corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give rearest town! lvrlmth18dvs Brentwood, Maryland Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM'S SPRING GROVE STATE HOSPITAI. 1102 Webster Street YES T NO-F 3. NAME OF DATE OF DEATH Middle First Lost Day Year DECEASED 28 (Type or print) August 19 60 Annie Ro se Adams 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Dava Hours Min. female white WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? fortune teller U. S. A. Unlenown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Adams Rose 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no unknown Records: SPRING GROVE HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN BART I. DEATH WAS CAUSED BY: Strangulation by hanging from tree with rope IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which around the neck gave rise to immediate couse DUE TO (a), stating the underlying Suicide course lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NOTE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Pt. found at 3:25 p.m. 20o. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | hanging from tree with rope around her neck 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) at work at work Catonsville 28. Maryland hospital 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and find that death resulted from: Natural causes ... Accident . Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S George M. Kieffer. M. D DEPUTY MEDICAL EXAMINER 127 8-29-60 NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 27c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jawn, or county) (Stgle) REMOVAL (Specify) 6. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 3 1 '60

VS. A15ME(5) 5M 9/55

forworded to the Chief NUNERAL DIRECTOR;

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, may be retained by the hat.

I ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carpletely titled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers, land 2 shauld be the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

HYSICIAN; The law requires that the death certificate be executed within 24 haurs ofter death.

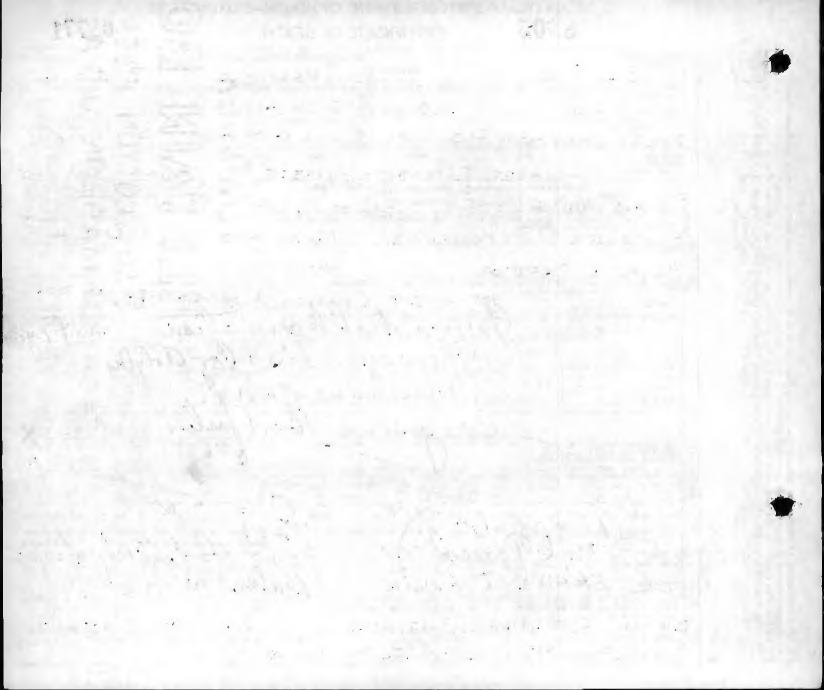
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8805

CERTIFICATE OF DEATH

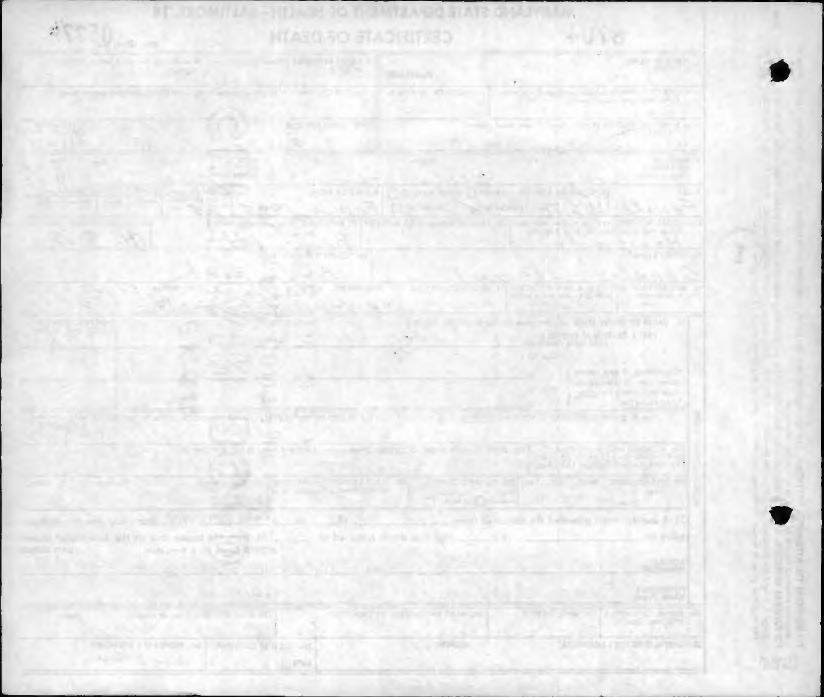
Reg. Dist. No. 771

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
BALT IMORE MARYLAND	O. STATE MARTLAND 6. COUNTY BALTIMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LONG GREEN. 35 YEARS	V GLEN ARM.
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
BOX 26 GLED ARM P.O.	BOX 26 GLEN ARM. P.O. YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) MARGARET, FLIZABET	H ALBRIECHT DEATH AUG. 30 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
TEMALE WHITE WIDOWED DIVORCED	May 19, 1887. The solution of the loss birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE HOUSEWIFE	MARYLAND U.SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY L. BARBOUR.	UNKNOWN.
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.	NFORMANT Address
(Tex. no. or unknown) (If yes, give wor or dates of service)	THARLES ALBRECHT GLED ARM P.O.
18. CAUSE OF DEATH [Enter only one couse/per line for (a), (b), and (c).]	CHARLES MURRECHI. BOX 2 C.
PART I. DEATH WAS CAUSED BY: MUCCOSTOLI	alageneration interpal between oner and beath
CHO DUE TO MATERIAL TO A	Partico Con BDN
Conditions, if ony, which (b)	servous tor wayling.
gove rise to immediate couse (a), stating the under DUE TO	
lying couse last.	vous gen q
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO FOR ERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Past II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	we bear failur PERFORMED?
	D. (Enter nature of injury in Port I of Port II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour o. m. 19 While Not white foc	tory, street, office bidg., etc.)
A. 21	16h (1)10 - 160
21. I certify that I attended the deceased from The	1960, 1860, 1960, that I tast saw the deceased
alive an 19 19 and that death	
ACTUAL TANK XONE OV	ADDRESS (Street, city or then, stote) DATE SIGNED
	M.D. 1005 1104 94019 1 31 30 100
PHYSICIAN'S FRANK T. KACIK	Bollo 11k Kind
NAME (Type)	100000 17 TVEY
220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or county) (Stole)
BORIAL SEPT 1,1960 BALTIMO	BALTIMORE MARYLAND.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Lassahn. Funeral Home 7401 Belair Rd.	#6, MD DATE AND DATE
	AVE 3 1 60 Circhart S. Miner



1	L	8794	CERTIFICA	ATE OF DEATH		Reg. Dist. No	2115
M		LACE OF DEATH COUNTY BALTIMONS	MARYLAND	2. USUAL RESIDENCE (Where dec	egsed lived. If ins		re admission)
		D. CITY OR TOWN (If outside corporate limits, wi RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	corporate limits, wr	ite RURAL and give ne	arest town)
1	-	LANS doune		BALTIM	019 6	LOUNTY	
1		1. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	COURT	d. STREET ADDRESS	AD CI	quet	e. IS RESIDENCE ON A FARM? YES NO DE
		NAME OF First	Middle	Lost 4. DA	4	Month De	
	5. 1	Type or print) / / / / / / / / / / / / / / / / / / /	MARRIED T NEVER MARRIED T	B. DATE OF BIRTH	P. AGE III W	9. IF UNDER LYEAR	19 6
	1	- 1 12.12	OWED DIVORCED	Feb. 14 1895	9. AGE (In yellost birthdo	yrs. Months Days	Hours Min.
	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN	F WHAT COUNT
1	12	HOUSEWIFE STATES		BALTO. A	14.	11-	5. 9.
	3.	Chaples Ste	wast	14. MOTHER'S MAIDEN NAME	Food		
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT 9/3 Win	ISAP	Address Colla	7
		In July and an one of survey	- M	R. VERNON	E. AL	Lew (27)
		1B. CAUSE OF DEATH [Enter only one cause p		and here		INT	ERVAL BETWEEN
		MMEDIATE CAUSE (a)	COTO NEZY	OCC/11/104			24 47
		Conditions, if any, which	V			:	
		gove rise to immediate DUE TO					
C	z	lying couse last. (c)					
	ATION	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	JEASE CONDITION	GIVEN IN PART I(a)	PERFORMED?
	CERTIFIC	20g. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING DEADSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part 1 as	Port II of item 18.	.)	
	CALC		od. INJURY OCCURRED. 20e. PL	ACE OF INJURY (Home, form, 20f.	(City or town)	[County]	(State
	MEDI	Haur o. //.	/hile Not while fax	clory, street, office-bidg., etc.)			
1		21. I certify that I attended the dec	eased from Upril 11	1859, to Clee	cust 6, 19	60, that I last so	aw the deceas
- 1		alive on the	1264, and that death	occurred at 2:30 0 M/I	rom the cause	es and on the da	
	П	ACTUAL or longer &	Hadoloky.	10 -02 5 5 1/-	is (Street, city or to	- (1 12 /	ULI 8 60
	Н	SIGNATURE PHYSICIAN'S FLORIDA P	No 1 laur	A		Step D	1
	L	NAME (Type) / / / / CY// L	Kadolski'	Halficeon	16 / /	uq	
0	220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Church (C. /	22c, NAME OF CEMETERY OF	R CREMATORY 22d. LC	CATION (City, to)	wn, or county)	(State)
85	23.	UNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY RE		REGISTRAR'S SIGNATU	
10.	_	J. J. suman D.	-kwah	DATELIG 9	'60 C	Irithur S. Kraus	
		35/2 Fredom R	17.10 190)			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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CERTIFICATE OF DEATH

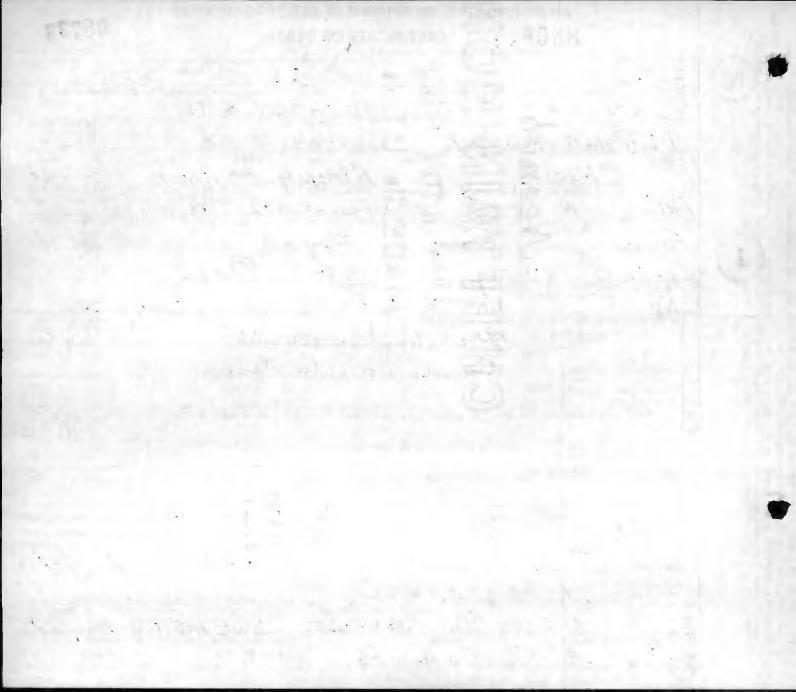
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4		Reg. Dist. No.
1,	PLACE OF DEATH OF CUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. STATE D. COUNTY
Н	6. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town)	LUIT A DO P
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREE ADDRESS
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION White Deell, R.D., Mid.	Sarrett Rd, ON A FARMY YES ON NO
3.	NAME OF DECEASED First Middle	Last 4. DAYE Month Day Year
L	(Type or print) (1/17R/e3 M)	H MOM 4 DEATH HUGUST 2 1960
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE/(In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
1	WIDOWED DIVORCED	Feb. 25, 1872 88 yrs.
10	la. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT GOUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	The les of Thomas	atoline Quia la
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
1,	NO	Franklin almony Townson Mid.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
	DUE TO	
	Conditions, if any, which) (b) Care die (ascula desease
	gove rise to immediate cause (a), stating the under	
	lying couse lost. (c)	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES □ NO ☑.
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Part II of item 18.)
N. CA		LACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. 19 While Not while at work at work	actory, street, affice bldg., etc.)
	21. I certify that I attended the deceased fram.	140, to Chay 2 , 186 Ahat I last saw the deceased
	alive As 11. and that deat	h accurred at 2 M, from the causes and an the date stated above.
	1 1 1	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE (1 M. Trance	M.D. FRKTON Md 8/3/6,
	PHYSICIAN'S 17- M. FRANC	e_
77		OR CREMATORY 22d. LOCATION (City, lown, or county) (State)
1	PREMOVAL (Specify) 8-5-60 Wat + Co.	1. Conoto 11/2 + 8/10 RD gr. 1. 1
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
(1 (14 4 4 · O) E · O	O BIG 8 '60 Cather & House

may be relatived by the hold or attending physician.

TO FUNERAL DIRECTOR: After the serificate has been signed by the attending physician and campletely filled in by the funeral all page 3 shauld be detached for use as the burial-transit permit. Then please removerably papers. Pages 1 and 2 shauld be filled the registrar prior to burial, cremation, ar removal, and in any event within 72 haufs after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate Ea exacuted within 24 hours after death.

VS A1S (4) 1SM 9/S8



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidance before admission) a. COUNTY b. COUNTY Baltimore Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporela limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) funeral director. wrife RURAL and give nearest town! 12 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 111 Stevenson Lane retained he State B llh Stevenson Lane YES NO NAME OF 4. DATE Middla Last Month Year DECEASED the (Type or print) DEATH TEAN ANDREAE 19 GRAHAM August 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years HF UNDER 1 YEAR) last birthday) Months WIDOWED DIVORCED Female June 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if ratirad) Missouri at home Give Pages housewife PM3. Pa pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth Graham Richard W. Gowdy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) [(If yes giva wer or defect service) Mr. C. Norman Andreae, Jr. - 144 Stevenson La. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN along transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Alcoholism (acute) IMMEDIATE CAUSE (a) Office burial-DUE TO Overdose of sleeping pills Conditions, if eny, which gave rise to immediate cause "pending" 60 DUE TO (e), staling the underlying cause last. nould be used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181-119. WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enfar neture of injury in Part I or Pert II of itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH, Ingested sleeping pills while intoxicated. Terminal episode was aspiration of stomach contents.
or | 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, form, | 20f. (City or fown) writing to Chief A Page 3 st 20c. TIME OF INJURY Month, Day, Year (State) (County) jactory, street, office bldg., etc.) Not While O While Balto. Md. nr.Balto. 1960 ef work of work OR: uld be forwarded to the NERAL DIRECTOR. designated agent, price 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion MEDICAL death resulted from: Natural causes Accident Suicide Undetermined manner KX Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER NERAL I DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S August 26, 1960 should | NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION, 228. DATE THEREOF 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 40 Druid Ridge Cem. Pikesvilla, Md. Burial FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Coving S. France DATEAUG 2 9 '60 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Items 18-21 Film 271

MEDICAL EXAMINED CONTRACTOR OF DEATH The state of the s AND NEVERTEEN CARE STATES OF THE PROPERTY CASE the second second 040 13.77 Maleral de Com The state of the s The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. PLACE OF DEATH O. COUNTY Baltimore 2. USUAL RESIDENCE (Where decadsed lived. If institution: Residence before admission · STATEMaryland b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write SURAL E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Fort Howard 6 Days Baltimore 31 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Veterans Administration Hospital 709 Van Lill Street 3, NAME OF 4. DATE DECEASED **JACOB** ANDROCHEK August (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR Months Male White March 13.1894 WIDOWED [7] DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Laborer Russia Odd Jobs 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TOY Pages age 5 r Phillip Androchek Pearl Dirkach 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Clin.Rec.VAH.Balto.18,Md. Fort Howard Division Yes WW 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: FRACTURED SKULL. RIGHT PARAMEDIAN IMMEDIATE CAUSE (0) **BOUGHS** Conditions, if ony, which SUB-DURAL HEMORRHAGE gove rise to immediate couse guo **DUE TO** (a), stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(U) 19, WAS AUTOPS CERT.FICATION 0 CIRRHOSIS OF LIVER 20g. EXTERNAL CAUSE WAS PRIMARY DO GO CONTRIBUTING CAUSE OF DEATH. 296-DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part That item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) factory, street, office bldg , etc.) While Not white at work at work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection ... Inquiry death resulted from: Natural causes . Accident . Suicide , Homicide . Undetermined couse to the Chi. ACTUAL CHIEF MEDICAL EXAMINER [7] SIGNATURE forwarded to ASSISTANT MEDICAL EXAMINER

VS. A15ME(5) 5M 9/55

Wm.Cook-Blight Inc. 6009 Harford Rd Balto 14

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

MELVIN B. DAVIS, M.D.

8-16-60

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, 22b. DATE THEREOF

Baltimore National Cemetery 24a, REC'D BY REGISTRAR DATE AUG 1 5 '60

22d. LOCATION (City, town, or county)

DEPUTY MEDICAL EXAMINER [72]

246. REGISTRAR'S SÍGNATURE Civilian S. Krous

Baltimore 28.

(County)

e. IS RESIDENCE ON A FARM?

YES NO ST

Year

1960

IF UNDER 24 HRS.

11

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

11 Days

11 Days

PEORMED?

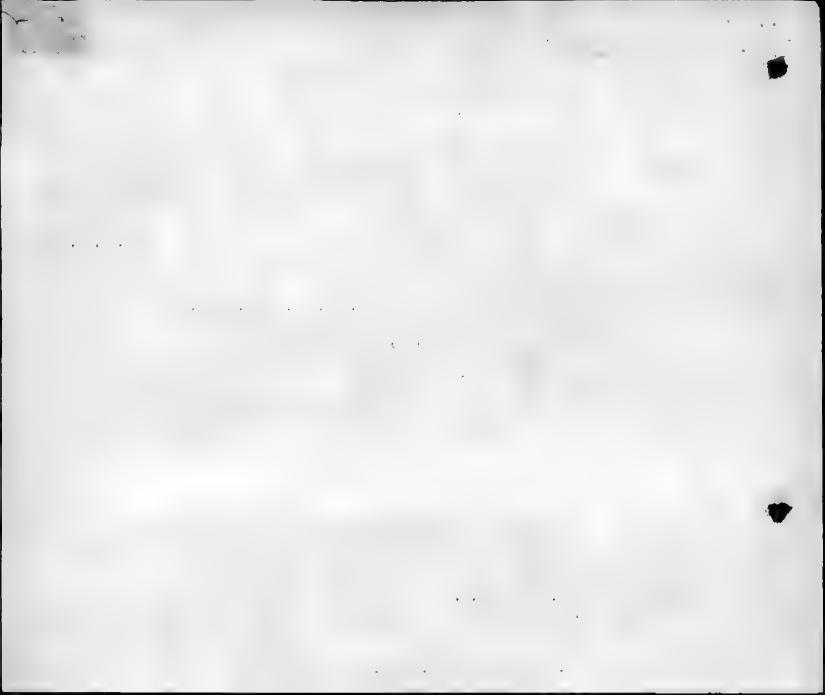
DATE SIGNED

(State)

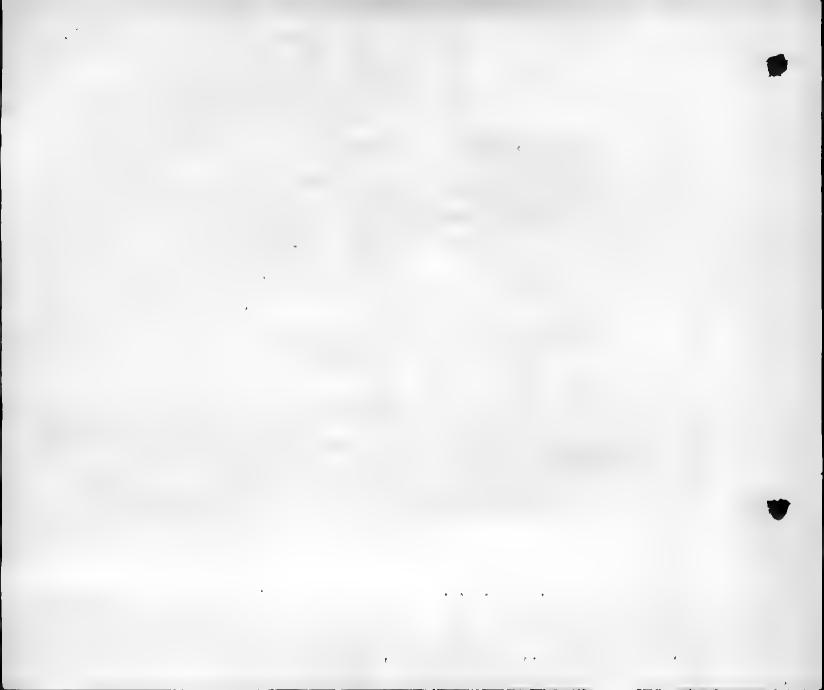
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(Stelle)

U. S. A.



Je .	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	8803 CERTIFICATE OF DEATH Reg. D	.08776
	PLACE OF DEATH O. COUNTY Baltimore MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution: Reside o. STATE) LAURANE LAURANE PLACE OF DEATH O. STATE County County	ence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearest town) Rural: Towson 3 mus. 142 n. Lune 200 d. Two	give necrest town)
1	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Eudowood Sanatorium Towson 4. Maryland 142 n Linword Que	IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) (1) CS (EY) Middle (S) (CY) Middle (S) (CY) Month OF DEATH (MONTH) OF DEATH (MONTH)	Doy Yeor
S	SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 18 DATE OF BIRTH 9. AGE (in years If UNDE lost birthday) Will Wild Wild Wild Work of the second	R 1 YEAR IF UNDER 24 HRS
10	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Social Saturat: 20 It is the Wild Saturated of the state	ITIZEN OF WHAT COUNTRY
13	larles asley asley many 1 m - anil.	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Personal History Address (If you give wer or doles of warce) 220-04-0412 Hospital Records, Eudowood Sana	torium
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ORTHOGOMES ATTEMATICAL ATTEMATICA	INTERVAL BETWEEN ONSET AND DEATH
	Condition if the subject to	-1126/60 4/4/
	gove rise to immediate cause (a), stating the under lying couse last.	
Certion	PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19 WAS AUTOPSY PERFORMED? YES 11 NO
CERTA	206 ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work o	(County) (State)
	21. I certify that lattended the deceased fram. That	last saw the deceased
	ACTUAL SIGNATURE SULLY SIGNATURE Eudowood Sanatorithm	DATE SIGNED
1	PHYSICIAN'S Milton B. Kress, M.D. Towson 4, Maryland	
220	BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22c DATE THEREOF 22c DA	(Stole)



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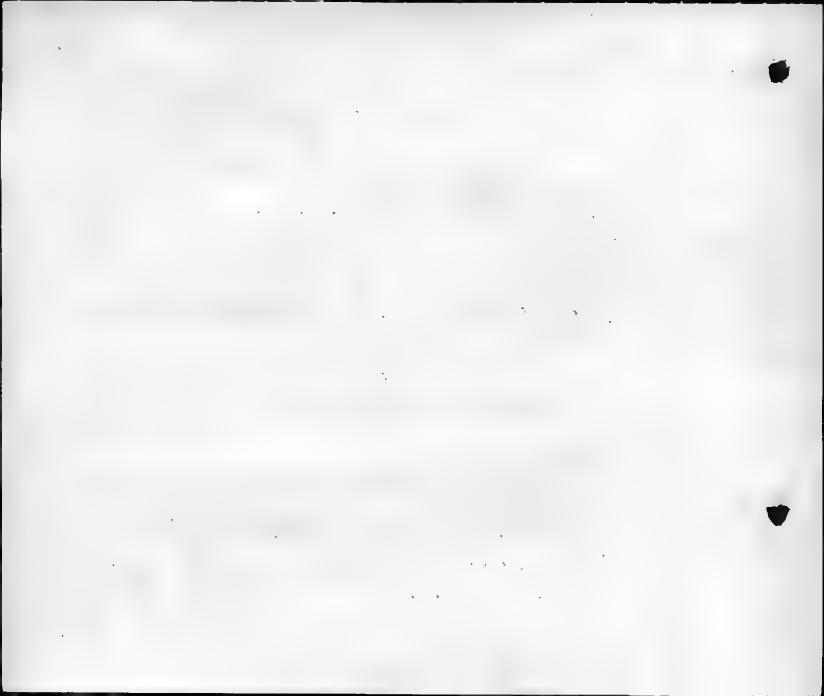
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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2004	illed with
death	To a de la company de la compa
after	shou shou
haurs	and 2
ertificate be executed within 24 haurs after death Page 4	a physician and campletely filled in by the funeral constremove carbon papers. Pages 1 and 2 should be filled with vent, within 12 hours after death.

- 1-		TAM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	274 G- 1 D-194 - 124					
	PLACE OF DEATH Baltimore	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Mary la	A STATE OF THE PARTY OF THE PAR	on Residence before admission) Baltimore			
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)					
1	Catansville d NAME OF HOSP TAL (If not in hospital, give street OR INSTITUTION	123yr0mth27dys	STREET ADDRESS	Mary land	e IS RESIDENCE ON A FARM?			
4	SPRING GROVE STATE HO	SPITAL.	none		YES NO			
	3. NAME OF Error DECEASED	Middle	Last	4. DATE Mar	th Day Year			
	(Type or print) Elizab	eth Ann	Atkin		ust 9 196			
		ED TO DIVORCED	B DATE OF BIRTH	9 AGE (In years last birthday)	Months Days Hours Min			
L-	female white WIDOW 100 USUAL OCCUPATION (Give kind of work done) 10b	44 00	Nov. 11, 188		12 CITIZEN OF WHAT COUNTR			
V	during most of working life, even if retired) housewife	KIND OF BUSINESS OK INDU	Engle		England			
J	13. FATHER'S NAME		14. MOTHER'S MAIDEN N		- Ping Tailu			
1	John Rodgers		Levins	Rodgers				
ŀ	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) [16 yes, give wer or dates of service]	SOCIAL SECURITY NO 17 II	IFORMANT	Add	ress			
	no Now = U	n.cnown Re	cords: SPRING	GROVE STAT	E HC.5PI TAIL			
ſ	18 CAUSE OF DEATH [Enter only one couse per la	ne for (a), (b), and (c)]			INTERVAL BETWEEN			
	Canditions, if any, which gave rise to immediate cause (a) DUE TO Cause (a), stating the under-lying cause last.	Pulmonary edem		lar disease				
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO P			
l	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	art I or Part II of item 18)				
	20c. TIME OF INJURY Manth, Day, Year 20d Hour a.m. While p. m. 19 at wa	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	, 20f. (City or town)	(Caunty) (Stat			
	21 I certify that (I) (this haspital) attentions sow the deceased alive on Aug.	0 .60	5 : 111.7		9, 1960, that (1) (we) load on the date stated above			
/	Stella Wa	clester		PHYS -	8-9-60 s GNI			
	22c. PHYSICIAN'S NAME (Type) Stella Vachs	ler, M. D.		PRING GROVE atopsville 28	STATE HOSPITAL Maryland			
	230 BUR AL CREMATION 236 DATE THEREOF	234 NAME OF CEMETERY OF	_\	BALTO. 6	ty and			
	24 FLANGET DIRECTOR'S SIGNATURE MICH	af 2100 f	250 REC'E	BY REGISTRAR 256 REGI	STOAR'S SIGNATURE			
\ E				70				

TO FUNERAL DIRECTOR. Aft. This certificate has been signed by the attending page 3 should be detached or use as the burial-transit permit. Then please the State Board of Health press to burial, cremation, ar remayal, and in any extremested of Health press to burial, cremation, ar remayal, and in any extremested. TO HOSPITAL OR ATTENDIN PHYSICIAN: The law requires that the deoth VR A15 (4) 15M 9/59

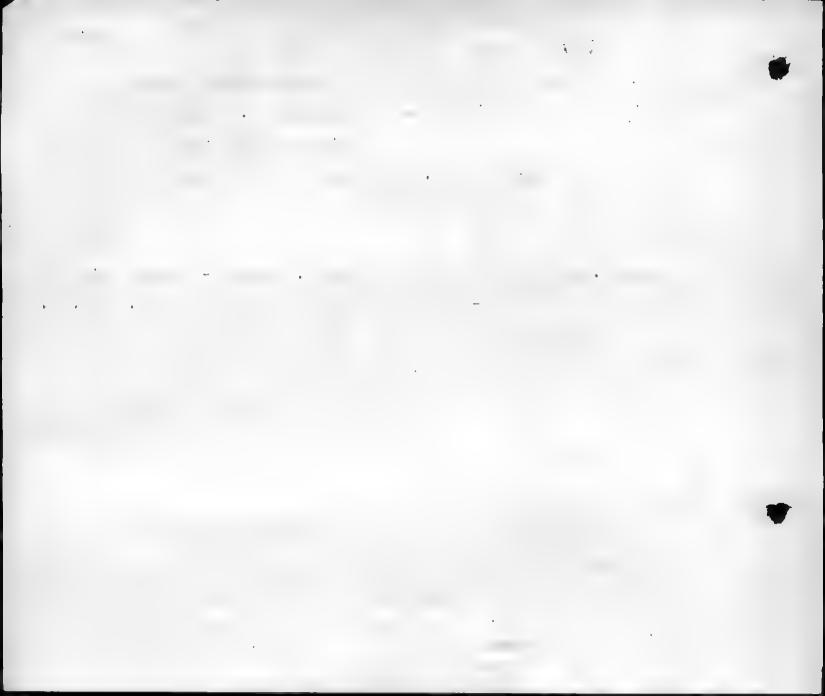


15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEA

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ICATE OF DEATH	1 moke 1, h	ARTLAND	087	778
2 USUAL RESIDENCE (V		t ved If institution b COUNTY		admission)
IN To CITY OR TOWN (II	outside corpor	ote limits, write KU	RAL and give near	ist fown)
Pikesville	. Md.			
d. STREET ADDRESS			•	IS RESIDENCE ON A FARM?
/ 1010 Scott	• Hill	Drive		YES NO
Last	4. DATE OF	Month	Day	Year
Ball	DEATH	August	21	1960
D B DATE OF BIRTH			Months Doys	Hours Min.
□ June 12, 191		48 yrs		
R INDUSTRY 11 BIRTHPLACE (Stol	le or foreign co	untry)	12. CITIZEN OF V	VHAT COUNTRY?
		Ohio	US	A
14 MOTHER'S MAIDEN	NAME			
Lela M. M	ulberth	- Colum	bus, Ohio	2
17, INFORMANT		Addre		
Jo-Ann Ball 1	010_Seo	tts Hill		s. Md.
The	1	1		VAL BETWEEN T AND DEATH
ny Through	17891	5		0414
1 11 1	2.	. /	1 0	
cc Heary	VISER	47,0000	rup. 5	yrs
TH BUT NOT RELATED TO THE TER	MINAL PISEASE	CONDITION GIVE	N .N PART 1(a) 19.	WAS AUTOPSY
COLDO CON REPUED TO THE TEN	MIN THE BYJERGE			PERFORMED? YES NO X
CCURRED (Enter noture of injury ii	n Port 1 or Port	II of stem 1B.)		140 M
the state of the s		,		
20e PLACE OF INJURY (Home, for	rm. 20f (City	or town)	(County)	(State)
foctory, street, office btdg , e	Pc)			. ,
E/2/ .	11 . 6	7.10 2 1	10/0 4	
from 1:5 46	7. 01. 10 14	10921	_, 19 .6 /_ ma	f (I) (wite) last
that death accurred a 62	M, Tram	the couses and	an the date s	22h DATE
	MED DIRECTOR	STAFF DE C	lug 21,	10 S GNED
22d. ADDRESS	0 .1	1 / ^		
MD 3806	Yalls	Kett K	d 15	Hd
TERY OR CREMATORY		ION (C ty, fown, or	county)	(Stote)
Cemeterv		ous, Ohio	**	17
25g. RFI	C D RY REGISTI	RAR 25h REGIST	RAR'S SIGNATURE	
ed DATE	UG 2 3 '60	ا تسب	m d. Krima	

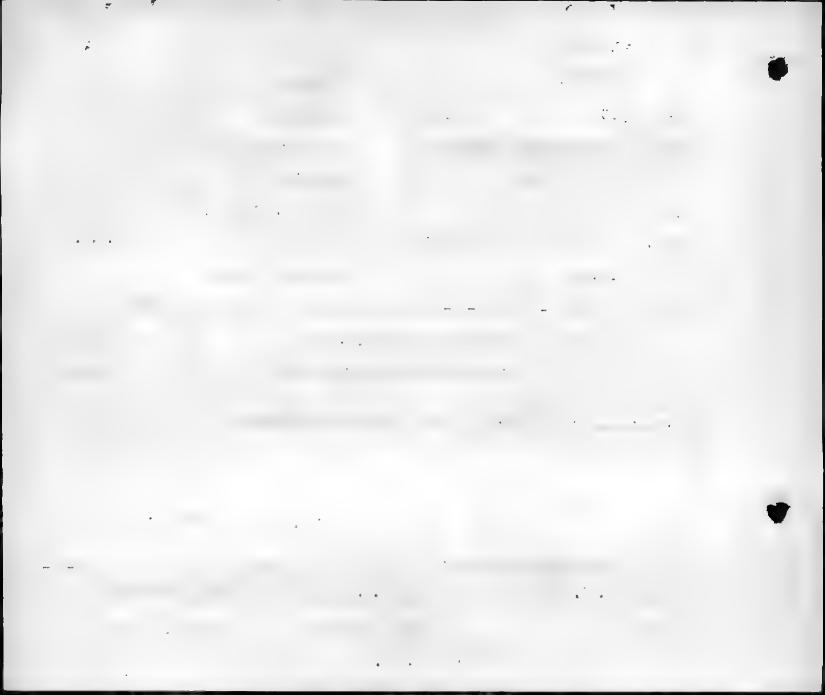


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

8	812	CERTIFICA	TE OF DEATH		511	3779
PLACE OF DEATH	INORF	MARYLAND	7. USUAL RESIDENCE (Who a STATE MARYLAND)		Finst tution: Residence COUNTY	e before admission) /
b CITY OR TOWN (IF o RURAL and g ve near FORT HOWARI		LENGTH OF STAY IN 16	BATATIMOR		, write RURAL and g	ive nearest town)
	(If not in hospital, give street		d. STREET ADDRESS	TERNE ROAD		IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	First JOHN	Middle F	los! BARNARD	4. DATE OF DEATH	Month	Day Year 20 1960
5 SEX	COLOR OR RACE 7 MA	RRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH DECEMBER 19.	- 000	rthday) Months	1 YEAR IF UNDER 24 H Days Haurs Min
10a USEA, OCCUPATION during most of working	(Give kind of work done 10 life, even if retired)	DISTILLERY	PENNSYLV	ANTA	1	J.S.A.
JOHN BARN 15 WAS DECEASED EVER I		6 SOCIAL SECURITY NO 17 I	MARGARET NFORMANT	SLAUGHTER	Address	
18 CAUSE OF DEATH	WAS CAUSED BY MMEDIATE CAUSE (a) OKCOPEX Which Madiote (b)			BALTO, MD.	T HOUSE	INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
20g ACCIDENT WAS OR CONTRIBUTING D	(c) SIGNIFICANT CONDITION OF COLON WILL UNDERLYING [] 20b. D	S CONTR BUTING TO DEATH BUTTON TO BE SCRIBE HOW INJURY OCCURR				T 1(a) 19 WAS AUTOP PERFORMED? YES NO
(IF EITHER, NOTIFY M	Month, Day Year 20d	t.	LACE OF INJURY (Home, form actory, street, affice bldg., etc		(0	Caunty) (St
21 I certify that	(this hasp'tal) atted alive an August	20, 19 60 and that	M.D. ATTENDING MPHYS D		uses and an the	27b DATE SIGN 8-20-6
23a BUR AL, CREMATION REMOVAL (Specify)		23c NAME OF CEMETERY O	OR CREMATORY	23d LOCATION (C.I	ry town or county)	(State)
PROVOVAL. 24 FUNERAL DIRECTOR'S FARILY FUNDS	SIGNATURE 660	+ DDDCCC	25g REC		256 REGISTRAR'S S C Cutama S.	1 4

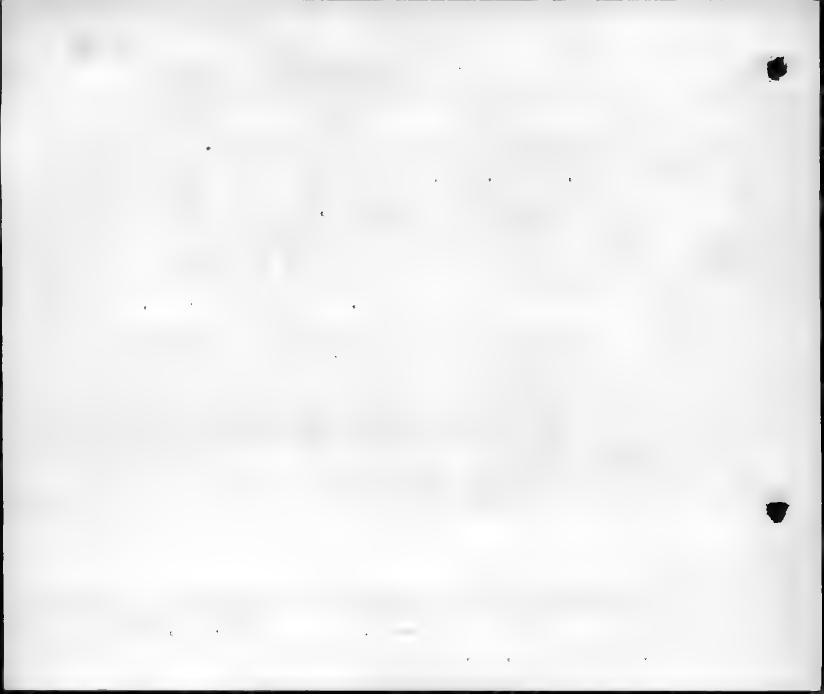
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the highest physician.

TO FUNERAL DIRECTOR: After the base of the principle of VR A15 (4) 15M 9/59



MARYIAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Maryland e COUNTY 5. COUNTY Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate timits, write c LENGTH OF STAY IN 16 RURAL and give nearest town) Lutherville Baltimore . IS RESIDENCE d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS ON A FARM? OF INSTITUTION YES NO | College Manor 220 W. Lanvale St. 4. DATE NAME OF Middle Month Year DECEASED DEATH (Type or print) Dr. Ernest J. Becker August 21 19 60 IF UNDER 1 YEAR IF JINDER 24 HRS 9 AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH lost birthday) Months | Days WIDOWED IX DIVORCED [Mala White 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired) School Professor Maryland 14 MOTHER'S MAIDEN NAME FATHER'S NAME Henry Becker Clara Muller physici remove 17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no or unknown) Mrs. Mary Ditty 1307 Park Ave. 0 18 CAUSE OF DEATH [Enter only one cause per The for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate Per DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO [206 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Haur o. m. While: Not while of work р. т. of wark 21 I certify that (I) (this haspital) attended the deceased fram. ___ and that death accurred at f.M. from the causes and on the date stated above. saw the deceased alive an FUNERAL DIRECTOR. 22c. PHYS.CIAN S 22d ADDRESS WALLAMI 23a BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) (Stote) REMOVAL (Specify) the first Buria 1 **ADDRESS** 250 REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DARUG 2 4 '60 John O. Mitchell & Sons, Inc. 1900 Butaw Place Challes S. Kraus

15M 9/59



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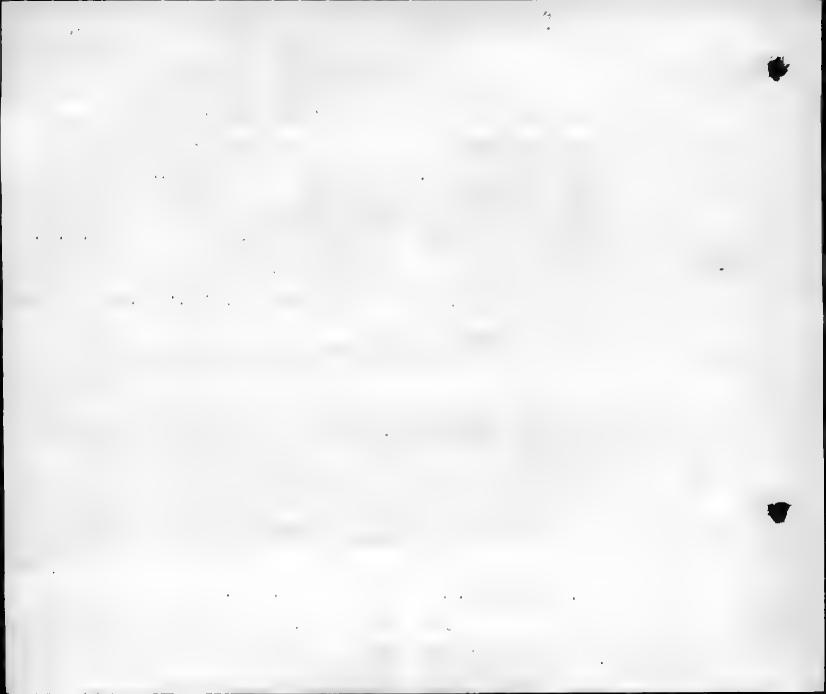
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY Baltimore Maryland 6. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) (13)Baltimore Fort Howard, Maryland d NAME OF HOSPITAL (If not in hospital give street add ess) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 2414 East Biddle Street Veterans Administration Hospital YES 🗍 NO 👫 NAME OF Middle 4. DATE DECEASED 19 60 BENTON August (Type or print) JAMES Α. DEATH 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 29 9 AGE (n years B. DATE OF BIRTH IF UNDER LYEAR IF JNDER 24 HRS log birthdoy) Months Days DIVORCED [April 15, 1920 Male WIDOWED [7] Negro 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (Stole or foreign country) 112 CITIZEN OF WHAT COUNTRY? during most of working life even firetired) Laundry North Carolina U. S. A. Laundry Extractor 3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Hixie Pickett Augusta Benton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANI Address Clinical Records, VAH, Balto. 18, Md. FORT HOWARD DIV. Yes 18. CAUSE OF DEATH [Enter on y one couse per line for (o), (b) ond (c). INTERVAL BETWEEN RECENT DEATH RART I., DEATH WAS CAUSED BY BRONCHOPNEUMONIA - IMMEDIATE CAUSE (O) PERTENSIVE CARDIOVASCULAR RENAL DISEASE UNKNOWN **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse fost. PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/0 19 WAS AUTOPSY ő PERFORMED? Pulmonary infarcts, recent and old. YES IN NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or lown) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg , etc.) Hour o. m. While Not while D m of work at work 21 I certify that (4) (this haspital) attended the deceased from August 5 60 August 26 19 60, that A (we) last saw the deceased alive on August 26 1960 and that death accurred at SAM, from the causes and an the date stated above ATTENDING 26/60 PHYS DIRECTOR -22c, PHYSICIAN'S 22d ADDRESS NAME (Type) VAH. BALTO. 18 MD. FORT HOWARD DIVISION FREDERICK S. DONALDSON. M.D. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown, or county) (Stote) Burial (Specify) Baltimore National Cem. Baltimore Maryland 25h REGISTRAR'S SIGNATURE 25g REC D BY REG STRAR 1808 N. Monroe Street DATE SEP 1 arthur S. thouse Arlington S. Phillips Baltimore 17, Maryland

FUNER Ó O VR A15 (4) 15M 9759

DIRECTOR.



FUNERAL DIRECTOR: 9 VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

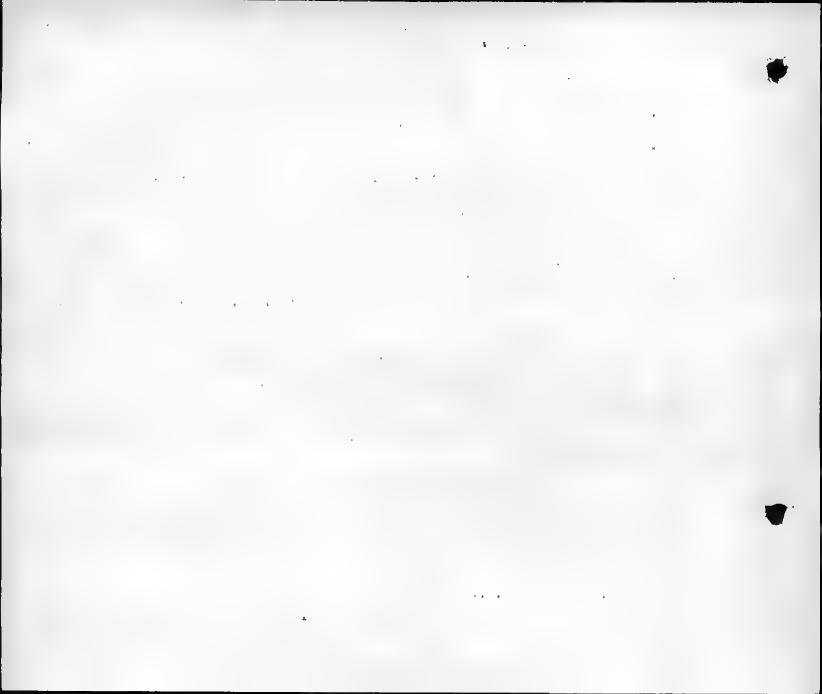
Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased fixed if institution Residence before admission) CITY OR TOWN (If outside corporate I mits, write RURAL and give neapest town) IS RESIDENCE ON A FARM? YES NO THE Year 19 6 0 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? Mospital Records, Mt. Wilson State Hospital INTERVAL BETWEEN ONSET AND DEATH uman PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINGT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES - NO 1 (County) (Stote) 8: 19 __, 1960, that I last saw the deceased ___, 19_6_v___, and that death accurred at 11:204M, from the causes and an the date stated above

246 REGISTRAR'S SIGNATURE

arthur S. Kraus

REC'D BY REGISTRAR

DATE SEP 1 9 '60





1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4	CERTIFICATE OF DEATH Reg. DIST 83
	1 PLACE OF DEATH o COUNTY 3 Altimase, MARYLAND 2 USUAL RESIDENCE (Where deceased lived If notification Residence before admission) o. STATE Maryland b COUNTY Ballerasse,
death funeral	b CITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 1b RURAL and give nearest town)
2 shoe	d NAME OF HOSPITA. (If not in hospital, give street address) d NAME OF HOSPITA. (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION Long Batter Rd. VES NO DE
24 lied	3 NAME OF DECEASED TO SEPH MARTIN BOWERS DEATH aug // 1960
with Po Po	S SEX O. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male Widowed Divorced TUNE 10 1890 9 AGE (In years lift UNDER 14 HAS) Manths Days Hours Min.
e be executed an and cample carban papers after death.	100 USUA. OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Output Outpu
physician physician carlo carl	TSFNTAMANE F BOWERS SARAH CHTHERINE SIRBY 15. WAS DECEASED EVER IN L S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address Regulation of Service) (18 year, gave were or delies of service)
	18. CAUSE OF DEATH [Enter only one couse per line for (c), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
the death ne attendir hen please ent within,	PART I. DEATH WAS CAUSED BY CEREBRAL THE ROM 130515 ONSET AND DEATH IMMEDIATE CAUSE (a) CEREBRAL THE ROM 130515
uires that gned by the permit Ti in any eve	Conditions, if ony, which gave rise to immediate cause (a), stating the under. lying couse last. DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under. lying couse last. Conditions, if ony, which gave rise to immediate cause (b), stating the under. lying couse last.
N: The law red ding physician distributions been si burial-transit r remaval, and	PANT II. OTHER GIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D. SEASE COND. TO IN GIVEN IN PART 1 (Q) 19 WAS AUTOPSY PERFORMED? PERFORMED? 200. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW NIJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of 18-) OR CONTRIBUTING CAUSE OF DEATH
HYSICIA or atten is certific use as the mation, a	20c. TIME OF INJURY Month Day, Year 20d INJURY OCCURED 20e PLACE OF INJURY (Hame, form, Hour o m White Nor
for	21 certify that affended the deceased from 7/27 , 1953, to 5/// 1960 Chat I last saw the deceased
ATTENDIA by the bi CTOR: An oferached r ta burial	alive an 1900 and that death accurred at 1900, M, fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNING ACTUAL ACTUAL ACTUAL ADDRESS (Street, city or town, state)
HOSPITAL OR A pay be retained by FUNERAL DIRECT groups 3 should be agge 3 should be registrar prior?	SIGNATURE CONTROL OF THE SOLUTION OF THE SOLUT
MOSPITAL may be retain SENNERAL I page 3 should the registrar	220 BUR AL, CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) PRIMOVAL (Specify) 8/12/40 For Mithile L. For Maryland
O E O E E E E E E E E E E E E E E E E E	23 FUNERAL DIRECTOR'S SIGNATURE ABDRESS 240. REC'D BY REGISTRAR'S SIGNATURE DATE DATE
1310 7730	The met



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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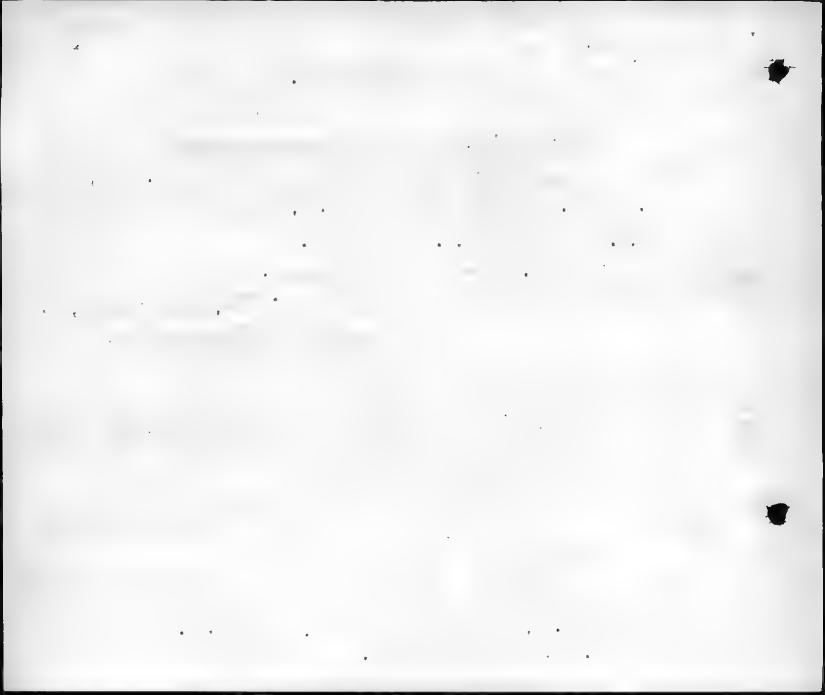
1	1 P	Baltimore	MARYLAND	2. USUAL RESIDENCE (Who STATE Md.		If institution Resid COUNTY	ence before admi	ssion)
	E	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catons ville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporete limi S V111e	ls, write RURAL on	give nearest to	wn)
,	Ç	OR INSTITUTION Summit Nurse F	fome Ave	d STREET ADDRESS	orth Ber	nd Rd	ON	A FARM?
	E	IAME OF First ECEASED Type or print) Mary (Moll	ie) Bremble	Lost	4. DATE OF DEATH	Month Aug.	Day	Year 19 6 0
	5 5		ED NEVER MARRIED 8	DATE OF BIRTH Sept.12.18	lost l	(n years IF JND	Days Hour	DER 24 HRS
	18a	USUAL OCCUPATION (Give kind of work done 10b I during most of working life, even if retired)	O.H.	RY 11 BIRTHPLACE (Stote of	or fore gn country)	12 C	USA	COUNTRY?
7	13.	ATHER'S NAME		14. MOTHER'S MAIDEN N	AME		and the gale.	
J		George W. Wats	on	Mary E	.Van Nev	vkirk		
		WAS DECEASED EVER IN J. S. ARMED FORCES? 16 5 (If yes, give wor or dolles of service)	OC AL SECURITY NO. 17, INF		Stevens	Address tonsvil	le 28.	163
	NOI	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Conditions, if ony, which gove rise to immediate couse (6), stoling the under: Part II. OTHER SIGNAFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN		ITION GIVEN IN P.	ART 1(0) 19 WA	S AUTOPSY
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	25 5 (^A	(Enter noture of injury in P		em 18)	Q YES [] NO [P
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d, IN Hour o.m., p.m. 19 White at wark	_ Not while facts	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or fowr		(County)	(Stote)
	21 I certify that (I) (this hospital) attended the deceased from 22 1 100, to 30, to 190, that (I) (we) lost saw the deceased alive on 51900 and that death accurred 600 PM, from the causes and on the date stated above 220 SIGNATURE 22b PATE							
		22c PHYS C AN'S NAME (Type) W. E. /	nc Greth	22d ADDRESS / 303 F	Vaderick	Pd (8	18/8/	11/6
		BURIAL CREMATION, 23b DATE THEREOF REMOVAL (Specify) BURIAL Aug. 13, 1960	23c NAME OF CEMETERY OR Loudon Park	Centy.	Balto.N	d.		ote)
		Vitzke Fun.Dir.4101 E	dmondson Ave			256 REGISTRAR'S	S. Kraua	

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. may be retained by the hourst ordereding physician.

2 FUNERAL DIRECTOR: A mis certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached for use as the buriat-transit permit. Then please remove carbon papers. Pages 1 and 2 should the State Board of Health prior to buriat, generating, or removal, and in any event, within 72 hours ofter death.

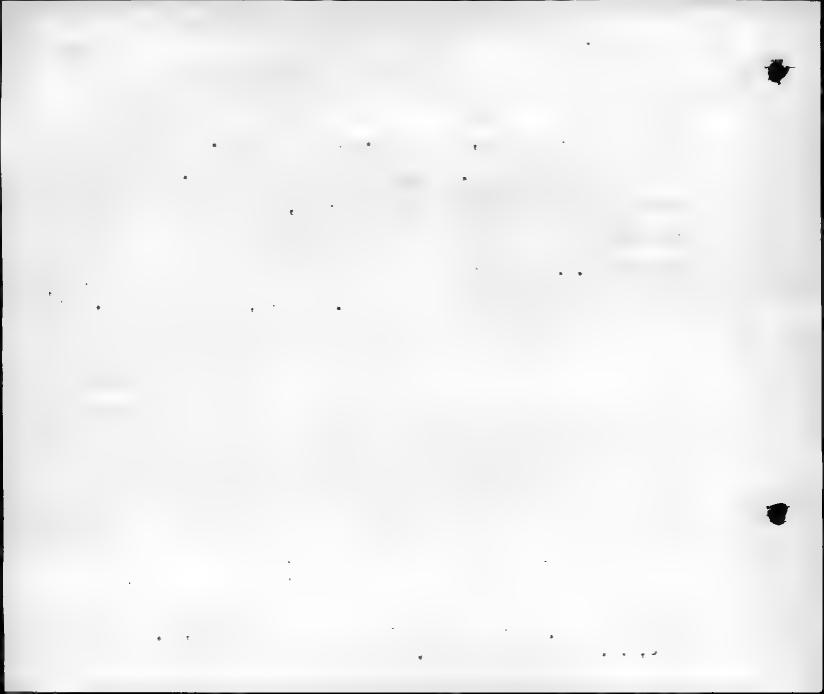
may be retained by the hy

VR A15 (4) 15M 9/59

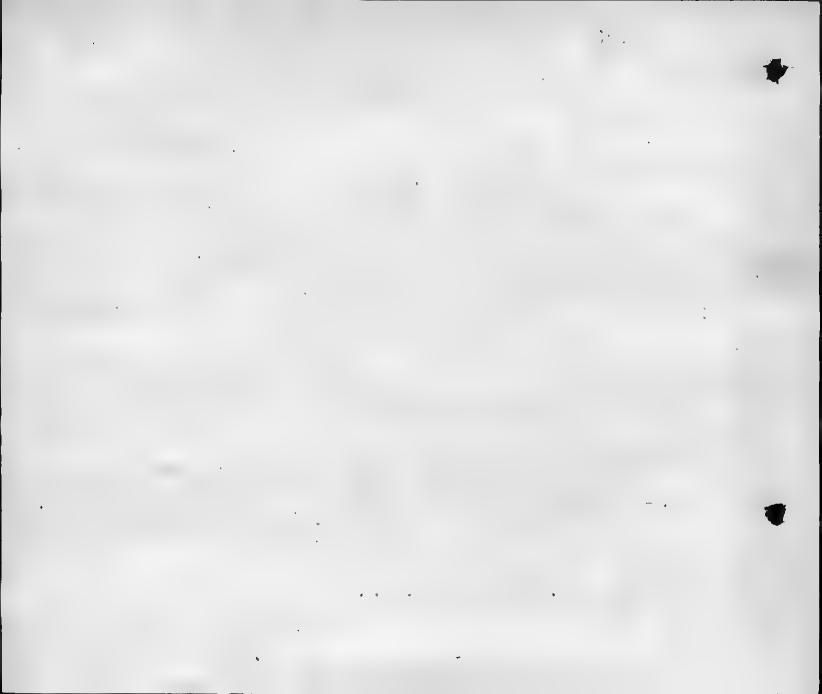


DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY **b** COUNTY Balt imore Howard MARYLAND CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ALCONS VILLE Ellicott City 1 sha d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? OR INSTITUTION 27 Shady Nook Nursing Home Rolling Rd 229 Clovelly Rd. YES 🗍 NO 🍱 NAME OF Middle DATE Last Month Year Filled DECEASED 8/60 Brewer (Type or print) Eva DEATH 19 FUNDER 1 YEAR FUNDER 24 HRS 5 SEX 6 COLOR OF RACE 7. MARRIED T NEVER MARRIED T B DATE OF BIRTH 9 AGE (n years lost birthday) Manths Hours Pemale June 19. DIVORCED [WIDOWED KIK 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during mast of working life, even if retired) 12 C TIZEN OF WHAT COUNTRY? Saleswoman Virginia US A ğ 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Ξ xWilliam W.T. Hutchinson Cleo Hancock remove 3 physi 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address City. Mi John S. Hawkins, 229 Clovelly Rd. Ellicott affending please 12 Out INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY-UMA. + IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) has been signed gave rise to immediate Per DUE TO cause (a), stating the underattending physician. lying couse last. b_rial-transit FICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY crematian, PERFORMED? YES TO NO IZI 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part t or Part II of Item 18.) 206. ACCIDENT WAS UNDERLYING A CONTRIBUTING A CAUSE OF DEATH certificate CERT the (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (State) Year (County) factory, street, office blda., etc.) While Not while at work | of work p. m. 60 19____, that (i) (we) last 21 I certify that (I) (this hespital) attended the deceased fram.... 4 may be retained by the P FUNERAL DIRECTOR. A page 3 should be detach , and that death accurred at 102M, from the causes and an the date stated above saw the deceased alive on 22a S GNAJUR 226 DATE S GNED ATTEND NG MIED DIRECTOR ME 22c PHYSICIAN S 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL (Specify) Evergreen Roanoke 0 255, REGISTRAR'S SIGNATURE LEKO P D 410 250 REC'D BY REG STRAR Edmondson Ave. AUG 9 Orthur S. Kraus VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



ı	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH-BERT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed I ved, If institution; Residence before edmission, e. COUNTY
	Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
our f	write RURAL and give nearest town) Sparks Lutherville
il dire	d. NAME OF HOSPITAL OR INSTITUTION if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
delcannera	Road of: of Cold Bottom Road 1422 Railroad Avenue YES NO (
fany he fu retair e Sta deal	3. NAME OF Perst Meddle Last 4. DATE Month Day Year DECEASED OF CORPORATE TO DESTRUCT OF DECEASED OF DESTRUCTION OF DESTRUCTIO
Stot Stot be t be t th th	5. SEX 6. COLOR OR RACELY HARDIED THEVER HARDIED TO BUTCH 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and 3 and 3 2 wi	Female Colored WIDOWED DIVORCED 1 20 1938 10 1938 Deys Hours Min.
affer 2, 2, 2 and 2 ho	106. USLAL OCCUPATION (Give kind of work done during most of working life, even if refired)
ours Bag. Pag es 1	13. FATHER S NAME 14. MOTHER'S MAIDEN NAME
PM3 PM3 PM3 with	Was n. B. musa (Fiel miller)
8. Giv form if File	S WAS DECFASED EVER IN L S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Address (You, no., or unknown) (Ifyes give we rordet see of service)
ted will for 18.	Mr. unkning Uhm. M. Brown 1722 Karleral aus
S C DE E	PART 1. DEATH WAS CAUSED BY: Gunshot wound of head
ancil is elon l-trans	IMMEDIATE CALSE (e) DUE TO
in pe Diffice Ourial	Condillors, if any, which (b)
ing" ing" sat	gove rise to immediate cause (a), stating the underlying DUE TO
ification of the second of the	COURS IDEA. [6]
be use the control of	PERFORMED? YES NO
This conditions of the conditi	PART II OTHER S.GNIF.CANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 9 19. WAS ALTOPSY PEFFORMED? PEFFORMED? YES NO 20b. EXTERNAL CAUSE WAS PRIMARY AG OCCURRENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 9 19. WAS ALTOPSY PEFFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURED. [Enter neture of injury in Part 1 or Part 11 or 11 or 11 or 11 or 12 or
TER:	VDDGT CHAT'A GHAA AMA AMA AMA AMA AMA AMA AMA AMA AMA
Chirt	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stele) While Not While Not While fectory, street, office bldg., etc.) Auto Baltimore Md.
OR: P	21. I certify that I took charge of the remains described above, held an Autopsy 22. Inspection I linguist and in my opinion
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
DICAI to certify varded IRECT egent,	CHIEF MEDICAL EXAMINER
MEDI ite the forward forward forward attention of the forward	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
PUTY ME execute the formal be forward be forward be forward be forward by the for	EXAMINER'S NAME (Type) W. Bradtey King, Jr., M.D. Address (Street, city, town, or county)
DEPI Base e should FUN	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. TO CATION (City, town, or country) (State)
5 4 5 g	Bund 8/26/4 Rleam A Kest Truson and
VS. A15ME 5M 7/59	ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE AUG 2 6 '60 City & Kraus
Jin 1127	150 To the law of the



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY
Baltimore

RURAL and give nearest town)

Fort Howard

OR INSTITUTION

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Maryland

b. COUNTY Dorchester c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)

(Rural Hurlock

4. DATE

H STREET ADDRESS

a IS RESIDENCE ON A FARM?

YES X NO

Year

Veterans Administration Hospital First DECEASED RERMAN (Type or print)

b. CITY OR TOWN (If outs de corporate limits, write

d NAME OF HOSPITAL (if not in haspital, a ve street address)

6 COLOR OR RACE 7 MARRIED NEVER MARRIED

c LENGTH OF STAY IN 16

33 Days

BROWN DATE OF BIRTH DEATH

August 9 AGE (in years last birthdoy) Months

31 1960 IF UNDER 1 YEAR IF UNDER 24 HRS Hours

5 SEX Male

Colored WIDOWED ["

DIVORCED [

November 6,1922 10a USLAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

Weldon. North Caro

Weldon, North Carolina

12. CITIZEN OF WHAT COUNTRY?

U. S. A

13 FATHER'S NAME

Frank Brown

Reola Ridley

14. MOTHER'S MAIDEN NAME

17. INFORMANTO Loch Raven BLVBaltimore 18, Maryland 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Yes Clin. Rec. Vet. AHospital, Fort Howard Division INTERVAL BETWEEN

PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ACUTE PULMONARY EDEMA MULTIPLE PULMONARY EMBOLISMS

1 Hour

5 Hour

ONSET AND DEATH

Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost

Aug.

18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).

DUE TO

PART . OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY

20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18)

PERFORMED? YES X NO

20d ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT (IF EITHER, NOTIFY MEDICAL EXAMINER!

20d INJURY OCCURRED

60

20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, affice bldg., etc.)

MEDIC

GE

20c TIME OF INJURY Day. Year Hour o. m p. m.

saw the deceased alive an.

230. BURIAL, CREMATION, 236 DATE THEREOF

Clair Funeral Home

Whoe Not while of work of wark

21 I certify that (4) (this haspita) attended the deceased from July 29

MD

East New Market Cemetery East New Market.

(County)

ased from July 29 60 to August 31, 160, that (4) (we) last and that death accurred of 50 M, from the causes and an the date stated above SIGNED

(Stote)

22a SIGNATURE 22c PHYSICIAN'S

FREDERICK S. DONALDSON, M.D.

DIABETES MELLITUS -

22d ADDRESS

VAH, BALTIMORE 18, MD., FORT HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county)

PHYS X

DIRECTOR

(State)

Marykand

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

2Sq REC'D BY REGISTRAR

25h. REGISTRAR'S SIGNATURE

VR A15 (4) TSM 9/59

HOSPITAL

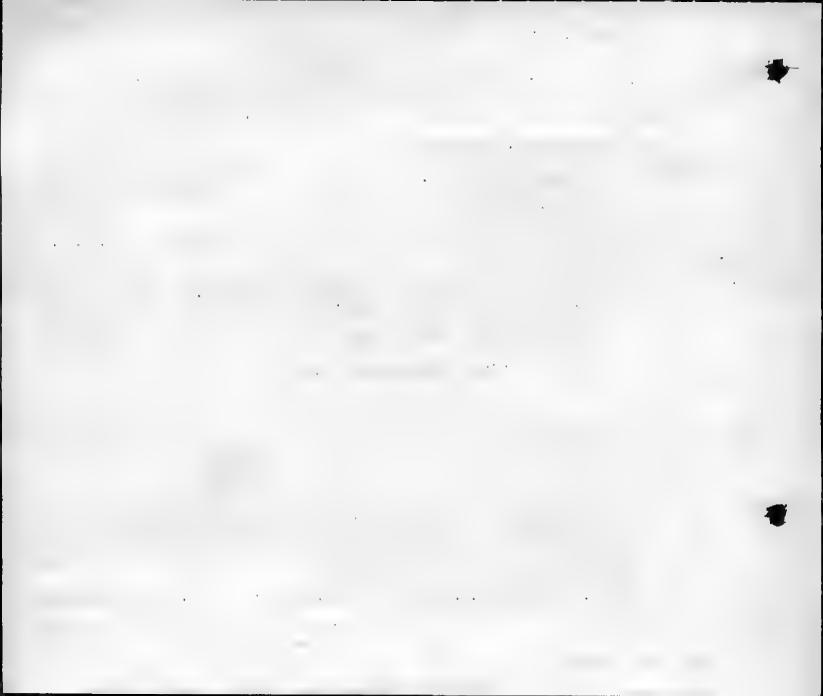
dy be retained by the FUNERAL DIRECTOR.

0

Cambridge, Maryland

DATE SEP 1 4 '60

page the St



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Par may be retained by the hot may be retained by the hot may be retained by the hot physician and completely filled in by the funeral arm of FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and completely filled in by the funeral arm page 3 should be detached for use as the burial-transit permit. Then please-fitting carbon pages? Four after death.

J

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8822

CERTIFICATE OF DEATH

Reg.	487	8	7
Reg.	DEN ONE	\circ	6

1 PLACE OF DEATH 9. COUNTY Baltimore MARYLAND	2 USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) o STATE b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURA, ondigave neprest town)	
d NAME OF HOSPITAL (If not 'n hospital, give street address) OR INSTITUTION 8033 Hichpoint Road	8033 Highpoint Road o. is residence on a farm? YES IN NO
3. NAME OF DECEASED (Type or print) Katherine Edne	Last A. DATE Month Day Year
S SEX 6 COLOR OR RACE 7 MARRIED CHEVER MARRIED DIVORCED DIVORCED DIVORCED	
108 LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC. during most of working life, even if relired)	DUSTRY 11 BIRTHPLACE (STONE OF FOREIGN COUNTRY) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIBEN NAME
George P. Streb	Johanna Ackerman
(S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	INFORMANT Address
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	fred Brown some
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. (c)	Corcumenta
ŽĘ Ž	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Port I or Port II of item 18.)
20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. Hour o m 19 While of work of work	PLACE OF INJURY (Home farm, 20f (City or town) (County) (State) factory, streat, office bldg , etc.)
olive on July 20, 1960, and that dec	th occurred at 4. M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Franklin E. Ferlie	MD. 2929 2. Charles Balbo 15, lud
PHYSICIAN'S Franklin F- Ladie	
220. BURIAL CREMATION, 226 DATE THEREOF 220. NAME OF CEMETERY GURLL (Specify)	OR CREMATORY 22d LOCATION (City, lown, or county) (Stote) Of Faith Baltimore, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Harford Rd.	DATE AUG 5 '60 Ciriling S. Kraus



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

	O	つんさ		CERTIFI	ÇA'	TE OF DEATH				08!	788	3
1	PLACE OF DEATH o. COUNTY Baltimore			MARYLA	ONA	2 USUAL RESIDENCE (Who o. STATE Maryland	ere deceased	b COUNTY	on Resident	ce before	e admissi L	ion)
)[If outside corporate limi	ls, write	C LENGTH OF STAY IN	4.16	c CITY OR TOWN (If o	utside corpo	rote limits, write R	URAL and g	jive neoi	est lown	}
	Fort Howa	rd, Marylar	ıđ	21 Days		Baltimore		(26)		*		, ,
	d NAME OF HOSPI OR INSTITUTION	IAL (If not in hospital, g Administrat	ive street	address)		d. STREET ADDRESS	7 - 4			6		FARM?
		AUMILITECTAL	TOTE I	uospirai		3421 Shel	Tenn (court			YES	NO JK
3	. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Man		Day		Year
L	(Type or print)	MOSES		M.		BROWN	DEATH	August		26		19 60
8	SEX		7. MARR	IED NEVER MARRIED	_	B DATE OF BIRTH		9 AGE (In years lpst_birthdoy)	Proceedings of the Party of the	Days	Hours	FR 24 HRS
L	Male	Megro	WIDOWI			November 13,	1916	43 yrs				
1	 during most of wor 	ON (Give kind of work i king life, even if retired	3		INDUS	TRY 11 BIRTHPLACE (Stole	_	iuntry)	12 CITI.			OUNTRY?
	Laborer		T	rucking		North Car	olina			U.S	5.A.	
1	3. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
	Charlie	Brown				Levada Mil	es					
	S. WAS DECEASED EVI	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	17 IN	FORMANT		Add	ress			
	Yes	WW II	2	37-20-1575	Cl	inical Rec.VA	H,Balt	0.18,Md.	FORT	HOW!	LRD]	DIV.
F	18 CAUSE OF DE	ATH [Enter only one co	use per la	ne for (a), (b), and (c).]							RVAL BE	TWEEN
L	PART I DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (0	UR	EMIA							CEN	
ı	770			RONIC GLOMEI	21177	פזידים ווסיוער				IIN	IKNOI	JN
	Conditions, if a	ny, which) (b	•	HONTO GIONE	. VUL	MER HITTI				Or	IMIOI	71.43
ı	gave rise to couse (a), stating	mmediate (DUE TO										
1	lying couse last.) (c	1									
1	PART II OT	HER SIGNIFICANT CON	D T ONS	CONTRIBUTING TO DEAT	M BUT	NOT RELATED TO THE TERMI	NALD SEASI	COND TION G V	EN IN PAR	T 1(o) 19	WAS.	AUTOPSY
1	Arterios	clerosis, (ener	alized. Ben	ign	Prostatic Hy	pertro	phy.		1	YES Z	RMED?
		AS UNDERLYING DEATH				Enter nature of injury in I						
1	OR CONTRIBUTING	MEDICAL EXAMINER)	*									
	20c. T ME OF INJU	RY Manth Day, Ye	or 20d !!	NJURY OCCURRED 2	De PL	ACE OF INJURY (Home, farm	, 20f. (City	or town)	(0	County		(Stote)
1	20c T ME OF INJUI	19	Wh'le	Not while	foc	tory, street, office bldg , etc	1					
1						August 5 19	60 Au	igust 26	206	Ο	. X.	1 1
1				led the deceased for								we) last
	sow the deced	sed alive on Aug	sus 6	26 1960 , and t	hat d	eath accurred at A	M, from	the causes an	id an the	date		b DATE
П	VIII	2.101		-00.	,	ATTENDING MI	0	STAFF			0.1	SIGNED
Т	22c PHYSICIAN'S	acco -		MARCHAR		M.D PHYS [_] DI	RECTOR .	PHYS 💢			_0/	2 <u>6/6</u> 0
	NAME (Type)	CK C DOMAI	יא לישור ו	M D			יי שמט	MD TODE	TIOTA	DIN T	\	CTON
=		CK_S,_DONAJ			CBV C	VAH BAITTM		ION (City, town,		un T	and the same and	
1	REMOVAL (Specify	ON, 236 DATE THEREO	10/00	23c NAME OF CEMET				ltimore	or county)	Mor	tot2)	-
	DUITEL 4 FUNERAL DIRECTOR		1700	Baltimore	745F C	1	D BY REGIST		STRAR S SIG		ylan	ш
- 11.3			1809		+ P			-	Thur S.			
F	TITINGTON E	· Larrithe	TOOO	N.Monroe S	A+T)	DATE OF						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Pagmay be remained by the hit.

TO FUNERAL DIRECTOR ATTENDING Certificate has been signed by the ottending physician and campletely filled in by the funeral deapongs 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the State Board of Health prior to burial, cremoitian, or removal, and in any event, within 72 hours ofter death.

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Orthur S. Firms

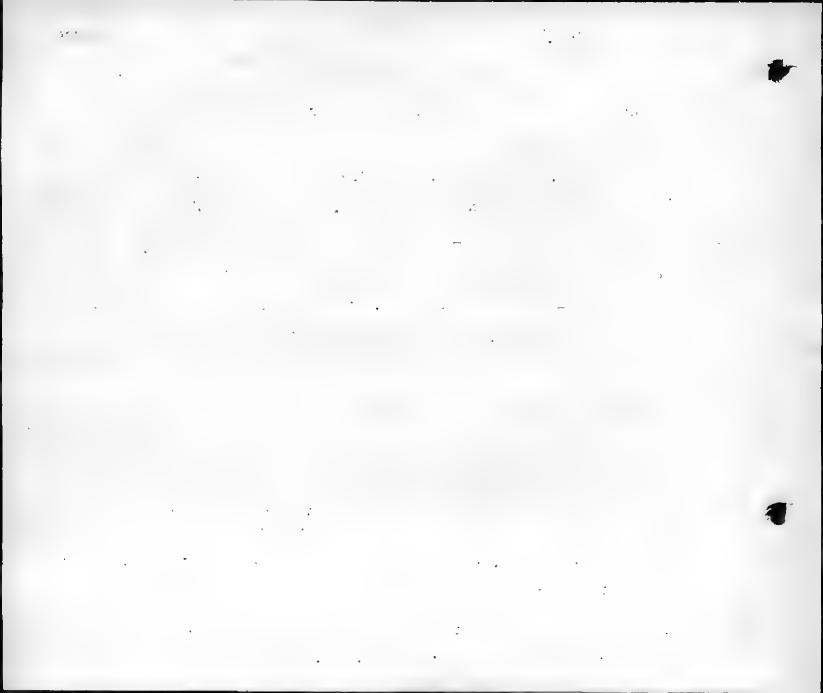
ADDRESS

Falls Road Balto. Md.

within 24 haurs after death 20 filled etely papers. executed ā, COL Puo pou e O Car physician certif cate :Have 8 ease attend ā the permit. te has been signed burial-transit perm physician. aftending ficate h. Afre may be retained by the TO FUNERAL DIRECTOR: page 3 shauld be detacl prior VS A15 (4) 1SM 9/58

23 FUNERAL DIRECTOR'S SIGNATURE

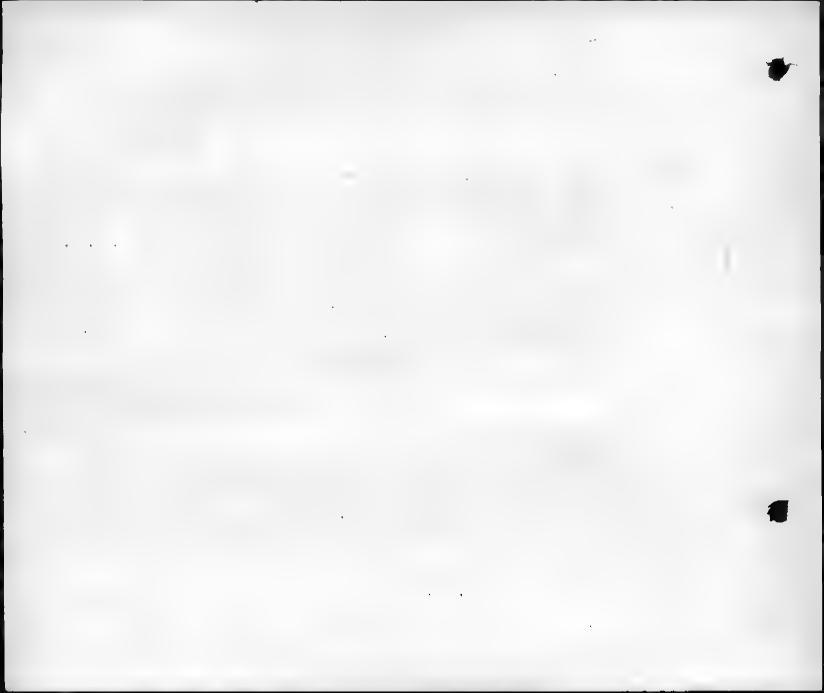
funeral



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1	e. COUNTY Baltimore MARYLAND	2 USUAL RESIDENCE (Where deceased fixed if institution Residence before admission) a. STATE b. COUNTY	
	b CITY OR TOWN (If outside corporate limits, write RJRAL and give negrest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
1	Catch sville 24vrlOmth22dy	Battimore (V)	
1	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. Street address & Is resident	CE
L	SPRING GROVE STATE HOSTITAL	1114 Hewitt Way YES NO	
3	NAME OF First Middle DECEASED TO THE PROPERTY OF THE PROPERTY	Lost 4 DATE Month Day Year	
	(Type or print) Lavinia BUNCE B	DEATH 8 / 2 19 6	90
5	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24	HRS
	female white widowed Divorced	March 19, 1903 57 yrs Months Days Hours M	VIP.
1	0a JSJAL OCCUPATION (Give kind of work done during mps to fe working le, even if ret red) 10b KIND OF BUSINESS OR INDU-	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHATCOUNT 12 CITIZEN OF WHATCOUNT 13 A	TRY?
ιlī	3 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
/	Unknown	Unknown	
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. IF	NFORMANT Address	_
	(Yes, no, or unknown) (If yes, give wor or dates of service)	cords: SERING GROVE STATE HOS ITAL	
F	Unknown Unknown Re		EN.
ı	FART I. DEATH WAS CAUSED BY:	INTERVAL BETWEE	TH
ı	IMMEDIATE CAUSE (a)		
	Conditions, if any, which)	ailure	
ı	gave rise to immediate	/	1
ı	cause (a) stating the under:	ty / will	ek,
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0):19 WAS AUTO	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT Gums infected	PERFORMED YES NO	
		D. (Enter nature of injury in Part I or Part II of stem 18.)	
	Hour a.m. While Not while	ACE OF INSURY (Home, farm, 20f (City or town) (Caunty) (Schary, street, affice bldg., etc.)	state)
1		ma 6 .60 Bis 13 13	_
	21 I certify that (I) (this hospital) attended the deceased from	Aug. 6 1960 to ling /2, 1960 that (1) (we)	
	sow the deceased alive on ling 12 1960, and that a	death occurred of DpM, from the couses and on the date stated about	ove
	11. K. Yun		NED
	12c PHYS CAN'S NAME (Type) PK, VIP, MID,	22d ADDRESS SPRING GROVE STATE HOSPITAL Catonsville 28, Maryland	
-	PO PURIAL CREMATION 200 DATE THEREOF 235 NAME OF CEMETERY O		
8	MOVAL (Specify) Way 15-60 Battern	ore Cen Balto. No	
3	PUNERAL O PECCONS S. GNATURE ADDRESS ADDRESS ADDRESS	DANIG 17'60 CIRCUM & Kraus	
E	The state of the s		

VR A1S (4) 15M 9/59



2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND burial b. CITY OR TOWN Of pulside C. JENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) O OR INSTITUTION (If not in hospital d. NAME OF HOSPITAL d. STREET ADDRESS ON A FARM? YES NO A 3. NAME OF Middle DATE Month Year DECEASED OF DEATH 1960 (Type or print) 5. SEX 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED [NEVER MARRIED [8. DATE OF BIRTH IF UNDER TYEAR Months Days Hours WIDOWED K DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (Stoth or forming country) 12. CITIZEN OF WHAT COUNTRY? GERMany gug þę 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Grove 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse **DUE TO** (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY PERFORMED? YES 🗍 NO I 200 EXTERNAL CAUSE WAS PRIMARY 1967 CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBETHOW INJURY OCCURRED. (Enter noture of injury in Fort I or Port II of ilem 18.) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) White Not white Sectory, street office bldg. etc.) 20c. TIME OF INJURY Month, Day, Year (County) (State) Tin work or work Spring Grile Sh Hosp. Caronsu, 110 21. I certify that I took charge of the remains described obove, held on Autopsy , Inspection []. Inquiry to the Chief L DIRECTOR: 1 deoth resulted from: Notural causes Accident III. Suicide II. Homicide . Undetermined cause DEPUTY MEDICAL DATE SIGNED ACTUAL M.D. CHIEF MEDICAL EXAMINER SIGNATURE farwarded to ASSISTANT MEDICAL EXAMINER 🗀 NAME (Type) 22g. BURIAL, CREMATION, 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAMON City, town, or county) (Stote) **ADDRESS** 23. PUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(5) 5M 9/55

MEDICAL EXAMINER'S CERTIFICATE OF DEATH



VS. A15ME(5) 5M 9/55

or removal

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 879A

L		100							Reg. Dis	it. No.		
1,	MACE OF DEATH	lmore		MARYL	AND	2. USUAL RESIDENCE (W			Y Bal			on)
	b. CITY OR TOWN (IF a ond give recrest town) Dunds	(00)	e RURAL	20 yrs.		e. CITY OR TOWN (III		porote limits, write (22)	RURAL and	give neor	est town)
	d. NAME OF HOSPITA	Ventnor T	errac	ital, give street address)		d. STREET ADDRESS	entn	or Terra	ace		15 RESI ON A 'ES	FARM?
3.	NAME OF DECEASED (Type or print)	PART		Middle EDWARD		BUTLER	4. DATE OF DEATH	Menti A us		Day 10th	Yeo	
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED		DATE OF BIRTH		9 AGE (In years lost birthday)	IFUNDER 1	YEAR IF		-
	male	white	WIDOWED	DIVORCED [ונ	Aug.18,189	3	66 yrs.	Months E	Эаув Не	ours A	din.
10 R	during most of working R. Mail	N (Give kind of work of life, even if retired)	1	nd of Business or in		e Pennsyl	-			S.A.		DUNTRY?
13	. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
	John Bu	atler				Mary C	avan	augh				
	yes	R IN U. S. ARMED FO		OCIAL SECURITY NO.		nn M.Butle	r	Address Same	e as	#2		
		H [Enter only one county was CAUSED BY: MMEDIATE CAUSE (c)	no per ling fo	or (a), (b), and (c).] KENAN	1	Dechus	reni				BETWEEN NO DEATH	
	Conditions, if an gave rise to immedia, stating the w	DUE TO	A	-s-e-	1	- Erse	-					The state of the s
	couse lost.	(c)										
CERTIFICATION	PART II, OTHI	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART		VAS AU ERFORM	
1 -		SE WAS TRIBUTING 20	b. DESCRIBE	HOW INJURY OCCUR	ED. (E	nter nature of injury in Part	I or Port 1	of Item 18.)				7
MEDICAL	20c. TIME OF INJURY	Y Month, Day, Yea	While of work	Not while	Facto	TE OF INJURY (Home, form rry, street, office bldg., etc.)	. 20f. (Cit	y or tawn)	(Cour	ity)		(State)
	21. I certify the	at I took charge	of the re	emgins described	obo	ve, held on Autops;	y 🔲 , I	nspection 🔼	Inquiry	1 1200	md fir	id that
	death resulted	from: Notural	couses 🗗	Accident .	Suid	ide 🔲, Homicide	□, U	ndetermined c	ouse 🔲.			
	ACTUAL SIGNATURE	11/10	00	w		_M.D. CHIEF MEDICAL EX	AMINER [D.	ATE SIG	NED
			カー	DR.J. Cor	HIN	S -ASSISTANT MEDICA	AL EXAMINI	ER 🛛 📗		8/	15/	60
L	EXAMINER'S NAME (Type)	Melvin B.	Davi	3		DEPUTY MEDICAL E	EXAMINER	D				
22	O. RUDIAL CREMATION	1 22h DATE THEREC	E !	OF NAME OF CEMETER	V OR	CREMATORY	224 10/04	TION /City bours	ar careful		76-4-5	

22. FUNERAL DIRECTOR'S SIGNATURE

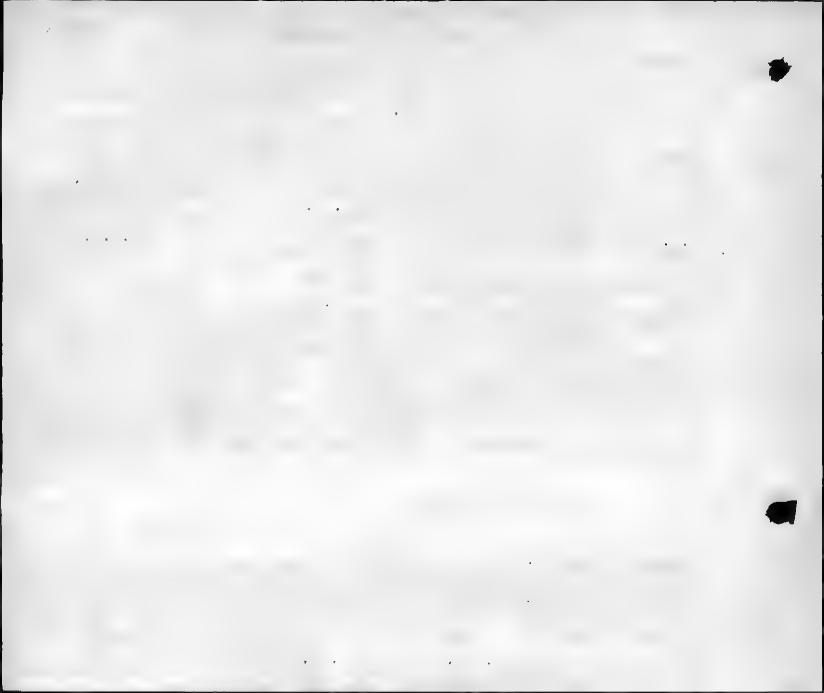
ADDRESS

Walter Brooks Bradley, Inc., Dundalk 22, Modate AUG 16'60

Cultury & Kand

08799

avilor S. Thous





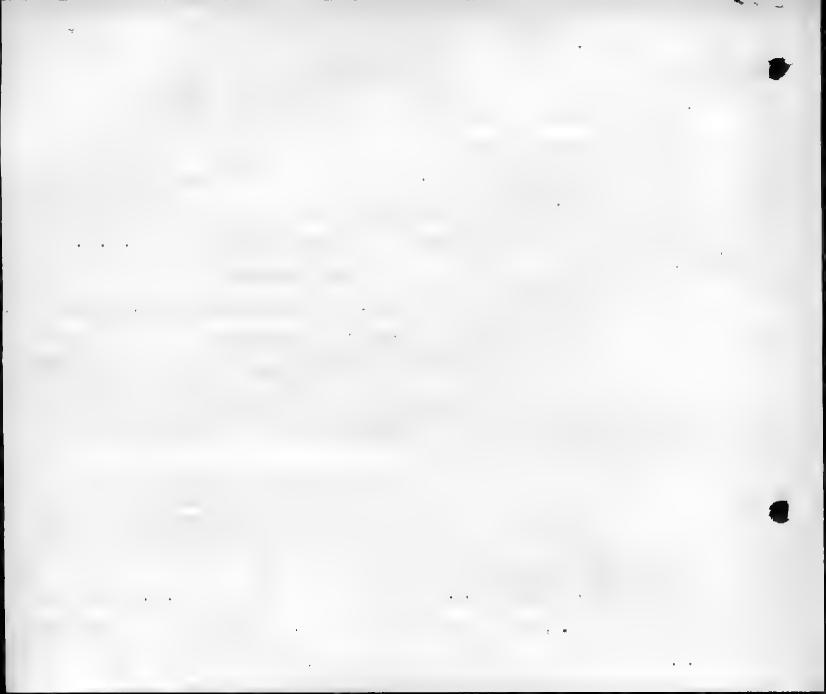
MARYLAND STATE DEPARTMENT OF HEALTH Blyision of statistical research and records — Baltimore 1, Maryland CERTIFICATE OF DEATH

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1,	Baltimore		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odm ss on) o. STATE Maryland COUNTY						
	b CITY OR TOWN (IF RURAL and give nea	outside corporate limits, write trest town)	c. LENGTH OF STAY IN 16	`	(111)	RURAL and give nearest town)				
	rt Howard,		27 Days	Baltimor	'e /					
	OR INSTITUTION	al (If not in hospital, give stre		d. STREET ADDRESS 700 W. 4	Oth Street	e 15 RESIDENCE ON A FARM? YES NO S				
	NAME OF DECEASED	First	Middle	Last	OF	onth Day Year				
	(Type or print)	LEO	В.	CAVEY	DEATH August					
5	Male		RRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	December 20.	1916 9. AGE (In year lost birthday)					
10e	USUAL OCCUPATION	N (Give kind of work done 10	b, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	e or fareign country)	12 CITIZEN OF WHAT COUNTRY?				
112	Driver FATHER'S NAME	ng life, even if retired)	Cab Company	Ilchester	, Maryland	U. S. A.				
) "	Hugh B. C	RYPY		Nellie Fre						
15.			6. SOCIAL SECURITY NO. 17. II	NFORMANT		ldress				
{Ye	Yes	yes, give wor or dolen of service)	215-10-5574 01:	inical Record	s.VAH.Balto.18	3,Md.FORT HOWARD DI				
	18. CAUSE OF DEAT	H [Enler only one couse per				INTERVAL BETWEEN				
	PART I. DEAT	H WAS CAUSED BY: CAUSE (a)	ARDIAC AND RESP.	TRATORY INSUF	FICIENCY	8 HOURS				
	Α		ASTROINTESTINAL	HEMORRHAGE		5 Meeks +				
	Conditions, if on	y, which) DUK TO	ULCER WITH PERFY	DRATION (DUOD	ENAL)	Z. WEILING T				
	gave rise to im	mediate (
	lying cause last.	(c)								
NO	PART II, OTHI					IVEN N PART 1(a) 19 WAS AUTOPSY PERFORMED?				
CATI	Multiple	Sclerosis. O	peration - Part	ial Gastreeto	my with gastro	jejun- YES NO 🖾				
CERTIFICATION	20d ACC DENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Part I or Part II of item 18)					
ÇA	20c. TIME OF INJURY	Month Day, Year 20d		ACE OF INJURY (Home, for		(County) (State)				
WEDICA	Hour o, m, p, m.	19 Wh	le Nat while ta	ctory, street, office b dg , e	tc)					
	-	XII) (this haspital) atte	nded the deceased fram.	August 40 . 1	o 60 to August 3	31_, 1960_, that (% (we) last				
		ed alive on August		leath accurred at A	. M. fram the causes o	and an the date stated above				
	220 SIGNATURE	1	2 0 0 1 10 1			22b DATE				
	Tro Deci	- le 8 Done	aldra.		MED STAFF DECTOR PHYS DX	8/31/60				
	22c. PHYSICIAN'S NAME [Type]			22d. ADDRESS						
	FREDERIC	K S. DONALDSO	N. M.D.	VAH BAI	TIMORE 18, MD.	FT. HOWARD DIVISION				
230	BUR AL, CREMATION	N 23b DATE THEREOF	23c NAME OF CEMETERY C		23d LOCATION (City, town					
	Burlal (Specify)	Sept.3,1960	Baltimore Na	tional Cem.	Baltimore	Maryland				
24	FUNERAL DIRECTOR'S		ADDRESS	2Sa REC	O'D BY REG STRAR 256 REG	GISTRAR'S SIGNATURE				

may be retained by the hour of an attending physician.

2 FUNERAL DIRECTOR. At whis certificate has been signed by the ottending physician and completely filled in by the funeral stages 3 should be detached far use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be retained by the TO FUNERAL DIRECTOR. VR A15 (4) 15M 9/59



12 CITIZEN OF WHAT COUNTRY?

4

8795 CERTIFICATE OF DEATH PLACE OF DEATH · COUNTY MARYLAND

b. CITY OR TOWN (if outside corporate limits, write

RURAL and give nearest town

d. NAME OF HOSPITAL

OR INSTITUTION

2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) & STATE **b** COUNTY

c CITY OR TOWN (Vaulside corporate limits, write RURAL and give negrest town)

d. STREET ADDRESS

e. IS RESIDENCE ON A FARM? YES NO A

NAME OF Middle Lost DATE Month Day Year DECEASED OF DEATH (Type or print) 19 9. AGE (In/years lost birthday) IF INDER I YEAR IF UNDER 24 HRS. 5 SEX B DATES OF BIRTH 7- MARRIED THEVER MARRIED Months Days Hours DIVORCED WIDOWED [

USJAL OCCUPATION (Give kind of work done) 10b. during most of working life, even if retired)

c. LENGTH OF STAY IN 16

13 FATHER'S NAME 14 MOTHER'S dCY

15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address

CAUSE OF DEATH [Enter only one couse pervine for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY DUE TO Conditions, if only, which

gove rise to immed ate DUE TO cause (a), stoting the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19

WAS AUTOPSY PERFORMED? YES NO D

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port or Parl II of Jem 18)

20e PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work or work

19_6_6, that (I) (we) last 21 | certify that (1) (this hospital) attended the deceased from.__ , ta

, and that death accurred at _____M, from the causes and on the date stated above 220. YIGNATURE 226. DATE SIGNED ATTENDING

STAFF DIRECTOR [M D PHYS. 22c PHYSICIAN'S 22d ADDRESS NAME (Type)

23a BUR AL, CREMATION, (Stote) REMOVAL (Specify) Bulto

rip 256 REGISTRAR'S SIGNATURE KEC'D BY REGISTRAR

VR A1S (4) 15M **■/59**

FUNERAL DIRECTOR:

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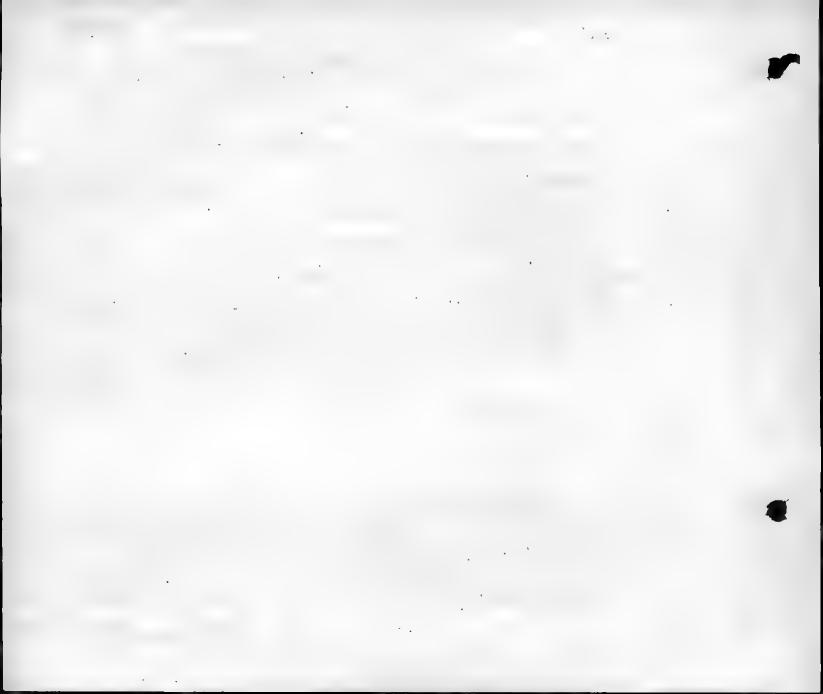
certificate ihe ő

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within 24



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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-13	1 2	4 3/	1 4

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	ACE OF DEATH					2. USUAL RESIDENCE	E (Where deceo			n: Residenc	e before	odmission)
٥.	Ba	ltimore		MARYL	AND	o. STATE Ma.	ryland	b. COI	JNTY			U
		If outside corporate lim	its write	c LENGTH OF STAY I	N Ib	c. CITY OR TOW	N (If outside cor	porate (imits, w	rite RU	R&L ond g	ive nean	est tawn)
	RURAL ond give no Caton s			2yrlOmth23	dys	Baltimo	ore					
d.	NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, s	give street	address)		d. STREET ADDRE	ESS				e.	. IS RESIDENCE
		OVE STATE	HOS	PITAL		119 Nort	th ^C arey	Street				YES NO
3 NA	LME OF	Fic	rsf	Middle		Lost	4. DATE		Mont	h	Day	Year
(Ty	CEASED (pe or print)	Con	a			Cordray	OF DEA1	ГН	Au	gust	29	19 60
S. SEX	K	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		. DATE OF BIRTH	1	9. AGE (In	years			IF UNDER 24 HRS
fe	emale	white	WIDOWI	ED DIVORCED		October 8	8. 1881	lost births	yrs (you	Months	Doys	Hours Min
10a L	SUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OF	INDUS			country)		12 CITIZ	ZEN OF	WHAT COUNTRY
"	housewif		<i>'</i>	home			Maryland			U.	. S.	A.
13. FA	THER'S NAME			-		14. MOTHER'S MAI						
	Harry 1	Barker					Oliv	ria Thom	mpso	n		
	AS DECEASEDEVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 IN	FORMANT			Addre	855		
27.0	,	(it yes, give war or doses or)		Unknown	Rec	ords: SPI	RING GF	ROVE ST	ATE	НО	SPIT	AL
16	CAUSE OF DEA	ATH Enter only one co	tuse per li	ne for (a), (b), and (c)]								RYAL BETWEEN
	PART I, DEA	TH WAS CAUSED BY.	. A	rterioscler	oti	c cardiova	scular (disease			ONSE	T AND DEATH
	422	DUE TO	,									
	Conditions, if a	inv. which) "	. 0	eneralized	arte	riosclem	sis	. *				
	gove rise to i	mmediate (/					, - +	2			
	couse (o), stating lying couse lost.	the under-	-1					e i	7			
Z	PART I OTI			CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE CONDITIO	N GIVE	EN IN PART	1(a) 19	WAS AUTOPSY
CATION				Decubitus	nle	מינים						PERFORMED? YES NOTE
	00 ACCIDENT W	AS UNDERLYING DEATH	20b DES	CRIBE HOW INJURY OC			iry in Part cor F	Part Is of Item 1	B)			
CERTIF	F EITHER, NOTIFY	MEDICAL EXAMINER)										
₹ 20		RY Manth, Doy, Ye	ar 20d. H	NJURY OCCURRED		CE OF INJURY (Home		Lity or tawn)		{C	aunty)	(State
WEDICAL	Hour a.m.	19	While of wor	Not white	tac	tary, street, affice bld	g., efc.)					
ı ⁻ ⊢		at /I) /this hospita	() attono	led the deceased t	i-om	July 28	1960 to	Δ11σ	20	9 10 6	O the	at (l) (we) las
	- the decom	sed alive on AU	2 20	19 60		eath occurred at	* 3'0					stoted above
	20 SIGNATURE	sed diffe oil. Aye	D. P. Lead	A A	inoi u	edili occorred ur	D. M. HO	in the couse	SOIR	1 OIL THE	dole	22b, DATE
	5	1,11	$l_1)$ a	chiler	,	ATTENDING	MED DIRECTOR	STAFF PHYS	1	8_	29-6	SIGNE
2	2c. PHYSICIAN'S		N/	2011		22d ADDRESS	SPRING		C ff			~
	NAME (Type)	Stella Wac	nsler	. M. D.				GROVE		ATE		PITAL
23a. E	BURIAL CREMATIC	ON, 23b. DATE THEREO		23c NAME OF CEME	TERY O	CREMATORY		CATION (City)		r county)	<u> </u>	J ,Stotely
	KILLEN		60	Luck	X	Firl Cen	n	Back	8	,,	-	med.
24, FL	INERAL DIRECTOR	'S SIGNATURE		ADDRESS		250	REC'D BY REG	ISTRAR 25b	REGIS	TRAR'S SIG	NATUR	
12	111	- , KL		N + 12		2011		100	13	Ilua &	The	A.A.

VR A1S (4) TSM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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08797

PLACE OF DEATH O. COUNTY BALTIMO	Pr		HMIN		o STATE	PYLANI		lived. If institu b. COUNT	Υ	ence befor		ion)
b CITY OR TOWN (RURAL and give o	f outside corporate limit	ls, write	c. LENGTH OF STAY IN	v 16	c, CITY OR T		itside corpori	ote limits, write			_)
OR INSTITUTION	AL (If not in hospital, g	ive street o	ddress)		4d STREET A	DDRESS	AN DRI	VE				IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Free ETHINI		MAUDE		GRABBE.		4. DATE OF DEATH	AUGUS	r th	9	·	Yeor 19 60
5 SEX	6. COLOR OR RACE WHITE	7 MARRII WIDOWEI	DIVORCED		DATE OF BIRTH		388	9 AGE (In years lost birthday) 72 yes	Months	R I YEAR Days	Hours	R 24 HRS Min
HOUSEWIFE	king life, even if retired)		IND OF BUSINESS OR		TANA	DA		unlry}	12 CI	T ZEN OF		OUNTRY
13 FATHER'S NAME	_				14 MOTHER'S							
PETER EL	IL R IN U. S. ARMED FOR	CEC2 114 6	OCIAL SECURITY NO	17, INFO		er MC	FERRA		dress			-
(Yes, no, or unknown)	(If yes, give war or dates of se	icuce)	IONE		HAZEL	CDADI	Dep	16 CA		TITE		
NO CAUSE OF DE	ATH Enter only one co		-	LITO) ITACIDA	Oldre	3)4	TO_OR	TALL D		RVAL BE	TWEEN
	TH WAS CAUSED BY	D,	(c), (b), and (c),	7 4 4	. 61.						ET AND	
177	IMMEDIATE CAUSE to	1-1	concern		_CZY	3V CC	- A				> <u> </u>	Que.
143	DUE TO	nn	11 . A A.	. Als	12/	Fil	11/11	20		1	ť	7.1
Conditions, if a	m mediate	- 11	your the	nu ,	no.	1/10	w	A				
couse (o), storing lying couse lost.	the under DUE TO	RK	Luma Tai	1	thai	拉一	- On	Cake	ans.	1		
	1 [c] HER STGNIFICANT CON	D TIONS CO	ONTRIBUTING TO DEAT	TH RUT NO	DI RELATED TO	THE TERMIN	VAL DISEASE	COMPIT ON G	IVEN IN PA	RT 1(a) 1:	9 WAS	AUTOPSY
*			3.111.70.01.110		J. MET. 10	17.12.12.10,7111	445 2 10 17 19 1	000			PERFO	RMED?
20a ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b DESC	RIBE HOW INJURY OC	CURRED	Enter noture of	f injury in P	ort I or Part	If of item IB)				100
	MEDICAL EXAMINER	1.					Tana					
20c TIME OF INJUI Hour e.m. p.m.	Y Month, Day, Yes	20d. IN While of work	Not while		y, street, office			or town)		(County)		(Stole
21 I certify the	(I) (this haspital) attende	ed the deceased f	rom 1	My	19.	59.10 D	rug 9	, 190	60 th	artil	we) las
saw, the decea	sed alive on au	491.	1960, and t	hat dec	ith alburred				nd on t	he date	stated	abave
220 SIGNATURE	/	19 1			ATTENDING	-		STAFF/_				DATE SIGNES
Mea	rge.1,	ul	mare	M.I	PHYS	DIF	ECTOR [PHYS/			1,2	110/6
G EOR	GE T.	316	MORE		22d ADDRE	the	uel	La,	ma	M	Car	1/
230 BUR AL CREMAT C	IN, 236 DATE THEREC) F	23c NAME OF CEMET	ERY OR C	REMATORY		23d LOCAT	ION (City, Iown	or county	1	(\$101	e) (
BURLAL*TRAN	S+1/ 8/11/	60	ROSE HILL	BUR	AL PARI	K	AKRO	N, OHIO				
24 FUNERAL DIRECTOR	S S GNATURE	,	ADDRESS	- 11	1,	25a. REC'E	BY REG STI		SISTRAR'S			
4.6				1		DATE ATT	s 15'6	0 0	william 2	P. Than	LÆ.	

TO HOSPITAL OR ATTENBING PHYSICIAN: The aw requires that the death certificate be executed within 24 haurs after death. may be retained by the heart an altending physician.

TO FUNERAL DIRECTOR: At the place of the control of the control of the physician and completely fulled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the State Board of Health prior to burial, cremation, at remaval, and in any event, within 72 hours after death.

VR A15 [4] 15M 9/59

/L., /tt.

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ę,

22c. NAME OF CEMETERY OR CREMATORY

A DD RESS

22d LOCATION (City, fown

240, REC'D BY REGISTRAR

DATE AUG 1 8 '60

or pounty)

246, REGISTRAR S SIGNATURE

arthur & Three

(State)

ROBINSON

22b, DATE THEREOF

FUNERAL DIRECTOR: aBod 0

VS A15 (4) 15M 9/58

PHYSICIAN'S

NAME (Type) 220_BLRIAL CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE



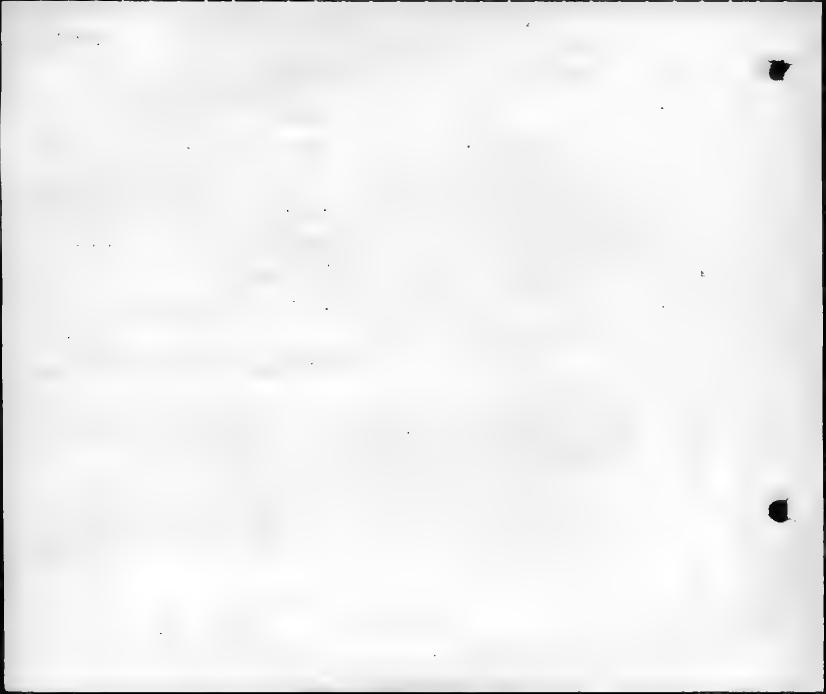
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CE	RTIF	ICA	TE	OF D	EATH

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1. PLACE OF DEATH		2. USUAL RESIDENCE (Whe		on Residence before admission)
o. COUNTY Baltimore	MARYLAND	o STATE Marylar	nd b. COUNTY.	Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		itside corporate limits, write RI	
Dundalk		Dundall	<u> </u>	44 0774075 177
or Institution 115 Patapsco		d. STREET ADDRESS 115 Pat	apsco Ave.	e, IS RESIDENCE ON A FARM? YES NO TY
3 NAME OF First	Middle	Lest	4 DATE Mon	th Day Year
(Type or print) ANNA	KATHERINE	DATL	of DEATH August	22. 1960
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS
Female White woow	/ED DIVORCED J	July 3, 1891	last birthday) 69 yrs.	Months Days Haurs Min.
10o. USUAL OCCUPATION (Give kind af wark dane 10b during most of warking life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 31. BIRTHPLACE (State of	r foreign country)	12 CITIZEN OF WHAT COUNTRY?
At home		Maryland		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
William Henry Thorn		Cassie Thom	nas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) 1 (If yes, give wor or dates of service)	SOCIAL SECURITY NO 17 IN	FORMANT	Addr	ess
No.	Hoy	vard T. Dail 2	2903 Dumbrin R	oad
18. CAUSE OF DEATH [Enter anly ane couse per li				I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Memia			ONSET AND DEATH
DUE TO		0		7
Conditions, if ony, which)	mer len ser	2 Condes Va	are leval	de General
gave rise to immediate	1-	·		
lying cause last.				
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS	mellete	<u></u>		PERFORMED? YES NO NO
200 ACCIDENT WAS UNDERLYING [206 DES	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in P	art I or Port Is of Item 18.)	
200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Manth, Day, Year 20d		CE OF INJURY (Hame, farm,		(Caunty) (State)
20c. TIME OF INJURY Manth, Day, Year 20d Mour a m. 19 of wa	INDI MUUE	tary, street, affice bldg., etc.)		
		1-56	9 5-1-2	
21 I certify that (I) (this haspital) atten	· les s	/W>	P. 10	, 19 that (I) (we) last
saw the deceased alive an 99.	1960, and that de	eath accurred af	M, from the causes an	d an the date stated above
" Jaille Call	cus,	ATTENDING ME	D STAFF	F 2 3 SIGNED
22c PHYSICIAN S SACK C	Pollins	27d. ADDRESS 2 Kins A	ip BALT.	22 Ad.
23a BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OF	CREMATORY	23d LOCATION (City, town,	or county) (State)
Burial 8/25/60	Parkwood Ceme	terv	Parkville, Md.	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'E	BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE
Ullrich Funeral Home Dunds	alk, Md.	DATE AL	IG 2 4 '60 C	Mus S. Thank



25b REGISTRAR'S SIGNATURE

250 REC'D BY REGISTRAR

08800 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE 6 COUNTY MARYLAND Baltimore Md. b. CITY OR TOWN (If outs'de carparate lim'ts, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville Manor Catonsville Manor d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d, STREET ADDRESS IS RES DENCE ON A FARM? 5903 Queen Anne 5903 Queen Anne St. YES NO NAME OF M.ddie DATE Month Day Year DECEASED Alice DEATH Dapkunas Aug. 30 1960 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (n years 7 MARRIED A NEVER MARRIED lost birthday) Months Days Hours W. P 48 WIDOWED [DIVORCED [7] yrs 10a USLA, OCCLEATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USV. H.W. O.H. N.J. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jeannie Purdy Max Kohn Mr. Stanley Dapkunas IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address 44.50 5903 Queen Anne St. Catonsville 28 Ma. 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 6 mo IMMEDIATE CAUSE (0) on moniogenie carcinoma DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse last CATION PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while p. m. at work 🔲 at work 🦳 Jug 30 _, 19.60 that (I) (we) last 21 I certify that (I) (this haspital) attended the deceased from._ . 19. 4 D, and that death accurred at 1.75 M from the couses and an the date stated above saw the deceased alive an 22g SIGNATURE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 236 DATE THEREOF BURIAL CREMATION. 23c. NAME OF CEMPTERY OF CREMATORY 23d LOCATION (City fown, or county) (Stote) REMOVAL (Specify)
Burial Meadowridge Cemty

within 24 hours after death 20 and , 5 Pa Pages death 3 offer ā dod pup carban R physician certificate Ė artending please the state permit gned hos been si burial-transit attending ficate ь prior TO HOSPITAL OR ATTENDING ray be retained by the harmonic FUNERAL DIRECTOR: Afoge 3 should be detached Health page 3 sh the State 0

VR A1S (4) 15M 9/59

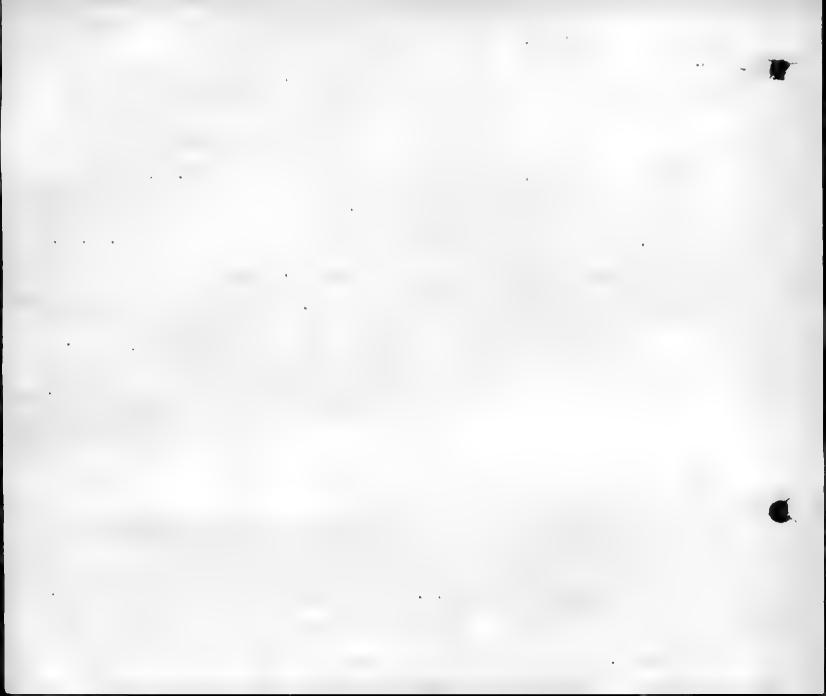
24 FUNERAL DIRECTOR'S SIGNATURE

Fun.Dir.4101 Edmondson Ave



٠,		8833		CERTI	FICA'	re of de	ATH			UOC	101	
	o. COUNTY Ba	ltimore		MAR	YLAND	2. USUAL RESIDE	Md .	re deceased to	ed. If institut of B COUNTY	n Residence be Baltir	· ·	
	RURAL and give no	f outside corporate limitages town) .timore	ls write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO		*	limits, write R	JRAL and give	nearest town)	
	d NAME OF HOSPIT OR INSTITUTION	1228 Les	ds'	$ ext{Terrace}_{\#_{i}}$	27	1228		ds <u>Ter</u>	race #	£27	e. IS RESIDEN	M? .
	NAME OF DECEASED (Type or print)	Fir C	st	Middle Howard	_	rling		4. DATE OF DEATH	Aug.	3, 196		
	male male	white	WIDOW		ED []	March		383	AGE (In years ast birthdoy) yrs	Months Doy		lin.
	ret. ca	ON (Give kind of work or king life, even if retired IPPIEP		Sunpaper	OR INDUS	Mary.	land		η)		S. A.	TRY
	3. FATHER'S NAME Charle S WAS DECEASED EVE	s Wesley	CE52 114	SOCIAL SECURITY N	0 17 19	Mary		Smith	Addr			
	(Yes no ar unknown)	Ill yes, give wor or dates of s	2	19-32-19	31 N	ellie F	.Dar	ling_l	_	eds T	errace	#
**	Conditions, if of gove rise to i couse (o), stating lying couse lost.	TH WAS CAUSED BY IMMEDIATE CAUSE (of DUE TO	2	and Vege	- e	er le	200	2 CH	hele	to a	B C T Z	7
الد	200 ACCIDENT W			CRIBE HOW INJURY						EN HA - MKT (IO	PERFORMED YES NO	7
	20c TIME OF INJUR	tY Month Doy, Ye	or 20d II While of wor		20e. PLA foc	CF OF INJURY (H tory, street, office	ome, form, bldg., etc.)	20f (City or	town)	(Coun	[†] y) (S	State
	21, I certify the	ot (I) (this hospitol sed alive on A Arch Bruce Br	No.	- 1	d that d	eath accurred A D PHYS 22d. ADDRES 5609	MEC DIRI		STAFF PHYS		72b.DA	ove
	Burial, CREMATIC Burial (Specify)	8/6/6		Lorrai		crematory ark Cem			N (City lown, commone)		land	
,	24, FUNERAL DIRECTOR		410	ADDRESS	Q Atr		250 REC'D	BY REGISTRAL		TRAK'S S GNA		

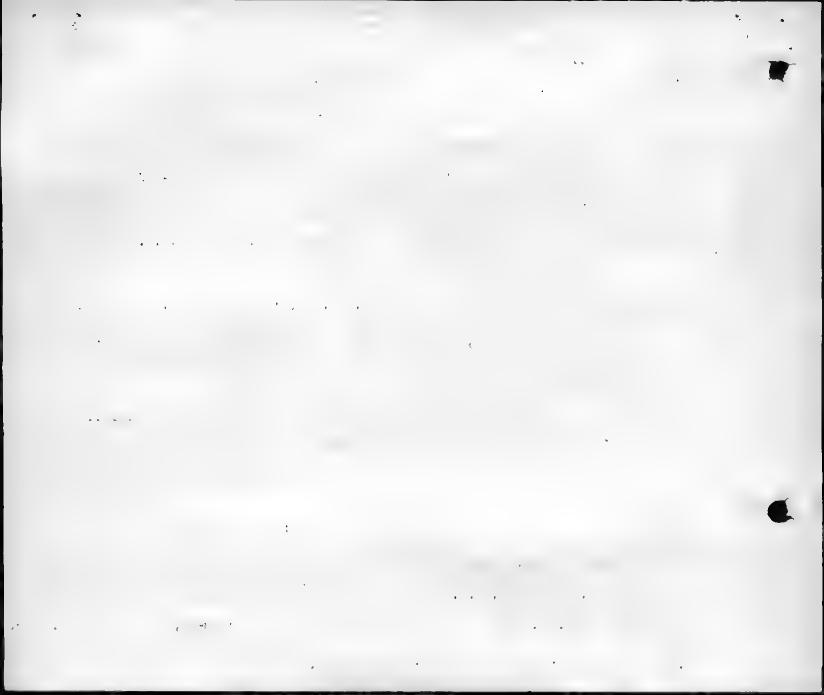
D FUNERAL DIRECTOR: At the certificate has been signed by the attending physician and campletely filled in by the funeral campage 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death ar attending physic on. TO FUNERAL DIRECTOR: At VR A15 (4) 15M 9/59



	009.6			000!!4			
1 PLACE OF DEATH a. COUNTY Baltimore		MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY Colombia. South America				
RURAL and give n	(If outside corporate limits, writeorest town) 'd , Maryaand		c. CITY OR TOWN (If outside corporate limits, write Cartagena				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give str		d STREET ADDRESS	e IS RESIDENCE ON A FARM?			
Veterans A	dministration	Hospital	Calle Baloco # 7-48	YES NOX			
3. NAME OF DECEASED (Type or print)	HORTENSIA	middle NUNE Z de	OF .	tonth Day Year t 15 160			
s sex FEMALE		MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH April 13, 1901 9 AGE (In yet lost birthdo) 59	/) Months Doys Hours Min			
100 USUAL OCCUPATION during most of wor Housewife	ON (Give kind of work done 1 king life, even if retired)	TOE KIND OF BUSINESS OR INDUS HOME	STRY 11. BIRTHPLACE [Stote or foreign country] Barrauquilla (Colombia)	12 CITIZEN OF WHAT COUNTR			
G. FATHER'S NAME		HOME	14. MOTHER'S MAIDEN NAME	D.W. COTOURTS			
Agustiu Nu	nez		Clementina Nunez				
		16, SOCIAL SECURITY NO 117 IN		ddress			
No No. or unknown)	(If yes, give war or dates of service)		in.Rec.VAH,Baltimore 18,Mo	.,Fort Howard Div			
Operation ACCIDENT W	immediate the under DUE TO ic) HER'S GNIF CANT CONDITION LOWING OPERAT AS UNDERLYING D 206	prefrontal lobe	NOT RELATED TO THE TERMINAL D SEASE CONDITION tectomy, left for carcinomactomy, tumor left frontal 1.	obe 170 Hot			
OR CONTRIBUTING (IF EITHER, NOTIF) 200 TIME OF INJUI Hour o. m. p. m	G CAUSE OF DEATH	<u> </u>					
∑ p. m	w w		ACE OF INJURY (Home, form, 20f (City or town) tory, street, office bldg , etc.)	(County) (Stat			
21 I certify the saw the deced 72g SIGNATURE,	otat) (this haspital) atta	hile Not while for work of wor	August 1]	5, 1960. that XD (we) la			
21 I certify the sow the deced 72g SIGNATURE,	ty of which is the spital of the seed alive on Augustick S. DONALDSON	ended the deceased from to 15 19 60, and that a	August 11 1960 . ta August 1 leath accurred of AM, from the couses M D PHYS D DIRECTOR PHYS X	5, 1960_, that \$\(\mathcal{B}\) (we) la and an the date stated abov 22b DATE 8/15/			
21 I certify the sow the deced 220 SIGNATURE. 220 PHYSICIAN'S NAME (Type)	19 Wind of the seed alive on Augustick S. DONALDSON 236 DATE THEREOF	ended the deceased fram b 15 19 60 and that a	August 11 1960 . ta August 1 leath accurred of 2 M, from the causes M D PHYS DIRECTOR PHYS X 22d. ADDRESS VAH, BALTO. 18, MD., F	5, 1960. that xp) (we) la and an the date stated abov 22b DATE 8/15/ ORT HOWARD DIVISIO			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. may be retained by the notice of attending physician.

TO FUNERAL DIRECTOR. Af the size certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours offer death VR A15 (4) 1SM 9/59



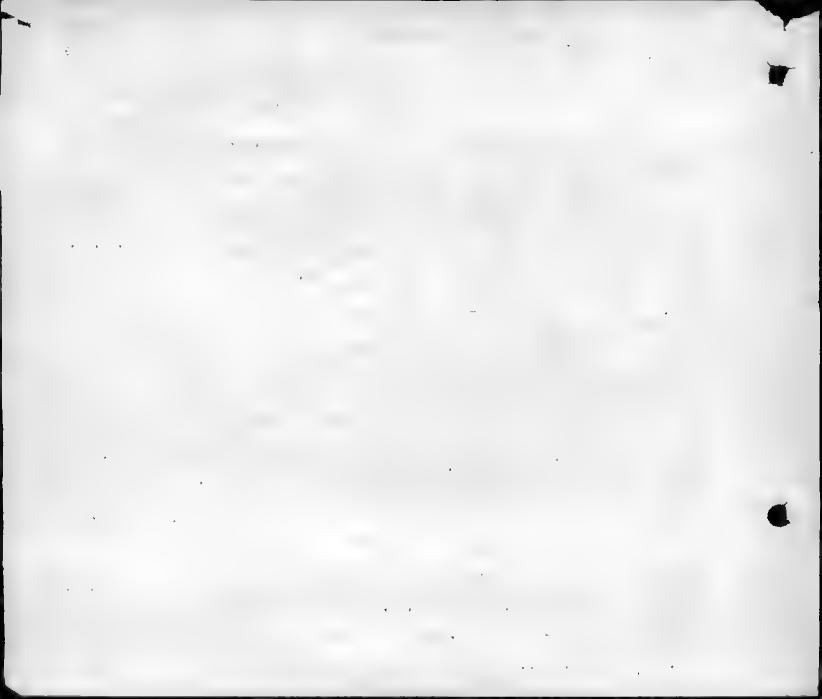
1050 York Road, Towson

Circlis S. Kinne

DATE MIG 1 6 '60

VS A15ME 5M 2 57

Wm. Cook-Towson, Inc.,



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND 8836 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY Baltimo re o. STATE **b. COHNTY** MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 15 RURAL and give nearest town) Catonsville days Baltimor e d. NAME OF HOSPITAL (If not in baspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 22 YES NO SPRING 3920 Fernhill GROVE STATE HOSPT TAI puo Ξ. 4 DATE NAME OF First Middle Year Month filled DECEASED OF DEATH 19 60 (Type or print) August deoth, Edwa rd Ditch IF JNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE / n years S SEX etely lost b (thdoy) Months Doys Hours June 28, 1888 white male WIDOWED | DIVORCED [7] popers. Ť COMPI 12 CITIZEN OF WHAT COUNTRY? 10a JSJA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote - fareign country) during most of working life, even if retired) U. S. A. stage employee stage Mary Land puo corbon 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME physicion Unknown Alexbertenan Daniel Ditch геточе 17. INFORMANT Address 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 213-09-5817 Records: SPRING Unknown - Pelosown GROVE STATE INTERVAL BETWEEN IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary edema IMMEDIATE CAUSE (a) DUE TO Cerebral vascular accident Canditions, if any, which gned perm gove rise to immediate **DUE TO** couse (a), stating the under-Arteriosclerotic cardiovascular disease ly no couse lost buriol-tronsit PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO IC 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) ottending certificole (Stote) 20c. TIME OF INJURY 20a. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) Day. Year factory, street, office bldg., etc. 0 Hour o.m. While Not while of work of work p. m. 1960 that (I) (we) tast Aug. 21 1 certify that (I) (this haspital) attended the deceased from July 22 1960 Af 19 60, and that death accurred \$25a sow the deceased alive an Aug. 1 M, from the causes and an the date stated above FUNERAL DIRECTOR: 22b, DATE 22o. SIGNATURE -60 SIGNED Stella Wachsher, M. D. MO ATTENDING * DIRECTOR PHYS ag 3 should b 22d. ADDRESS 22c PHYSICIAN'S GROVE STA E NAME (Type) Stella Wachsler, M. D. Catonsville 28 - Maryland 236, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City town, or county) 230 BURIAL, CREMATION REMOVAL (Specify) Raltimore. Cremation 1960 Mamrland Greenmount 0 25h REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25g. REC'D BY REGISTRAR ADDRESS VR A1S (4) Burgee Funeral Home AUG 3 1SM 9/59

within 24 hours offer death



MARYLAND STATE DEPARTMENT OF HEALTH

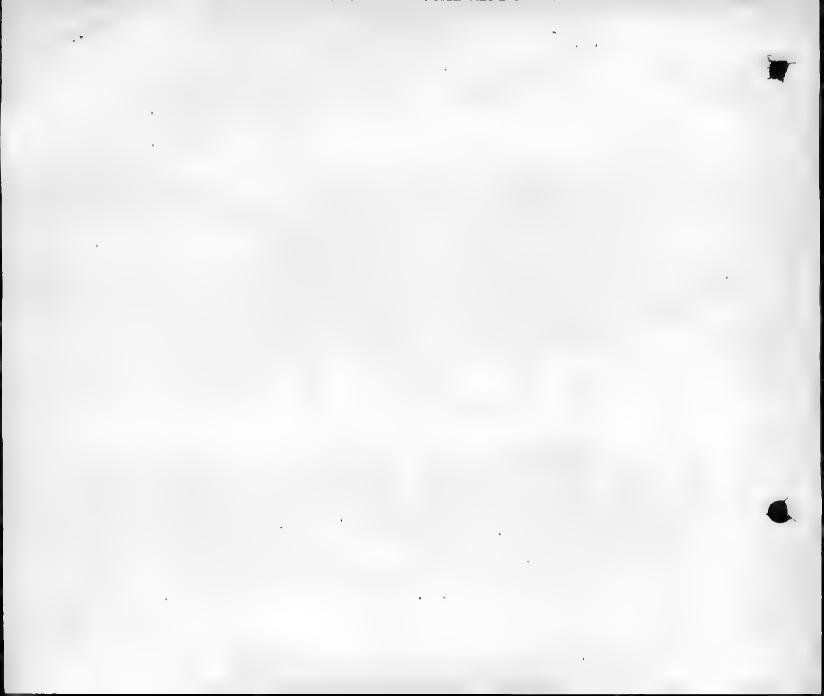
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		88	34		Them CERIS	ICAII	OF DEAT	H		(1)	0030	
	1, [PLACE OF DEATH	Baltinore		MAR	riand 2	. USUAL RESIDENCE (l lived. If institution b. COUNTY	on Residence	before adm	ss on)
)	Ŀ	Caton J	A 10 00	mits, writ		IN 1b	c CITY OR TOWN (rote limits, write R rstown Ro	_		
A.	(ITAL (If not in haspital	, give str STAIF			d. STREET ADDRESS	1	rstown "c		e IS RE	ESIDENCE A FARM?
ď	1	NAME OF DECEASED (Type or print)		fini chir	Middle d Paul	ŀ	Dorman	4. DATE OF DEATH	Mon AURI	_	Doy 7	Year 19 60
	S. S	male		E 7 M	ARRIED A NEVER MARRI		DATE OF BIRTH		9. AGE (in years last birthday)	IF UNDER 1	YEAR IF UNI	DER 24 HRS.
ı	10a	USUAL OCCUPATION during most of wo	rking life, even if retir	rk done 1 ed)	06 KIND OF BUSINESS C	OR INDUSTR	V 11 BIRTHPLACE (SN Un'l mown	•	ountry)		NOF WHAT	COUNTRY?
1	13	FATHER'S NAME	nknown				14 MOTHER'S MAIDE	N NAME				
)	Yes	WAS DECEASED EV			16. SOCIAL SECURITY NO	-			OVE STA		. TAL	
	U.		ATH Enter only one ATH WAS CAUSED 8		Unknown r line for (o), (b), and (c) Cen. bral vas	*					INTERVAL I	BETWEEN ID DEATH
	CATION	Conditions, if gove rise to couse (p), storing lying cause lost	the <u>under</u>	(b) TO (c)	ns contributing to de D1abetes			RMINAL DISEASI	E CONDITION GIV	/EN IN PART 1	PERF	S AUTOPSY FORMED?
	CAL CERTIF	20a ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING [] G [] CAUSE OF DEAT Y MEDICAL EXAMINE IRY Month, Day,	(3)	DESCRIBE HOW INJURY O	20e PLACE	OF INJURY (Home, F	orm, 20f (City		(Co	uniy)	(Stote)
	MEDICAL	Hour o.m. p.m	11	ot	hile Not while work of work		y, street, office bldg.,	etc.)				
			at (I) (this haspr ased alive an	ath Aug	ended the deceased 17.19.60, and	fram A I that dec	ith occurred of	1920 , .ta 2 M, from	Aug. 17		date state	ed abave. 225 DATE
1		22c PHYSICIAN'S	Jun C 1	10	721.73	1 M	ATTENDING PHYS 22d. ADDRESS	MED D. RECTOR	STAFF PHYS X		17-60	SIGNED
		NAME (Type)	Imr	е Ко	pits, M. D.			SPRING C. top.y	GROVE ille 2d,	STATE karyl:	HC 11	LTAL
	23a	BUR AL CREMATI	ON, 235 DATE THEF	1-60	O GREE	MATERY OR C		23d LOCAT	TION (City town, ALTIMO	or county) ORE	, M.	Pofa)
	24	FUNERAL DIRECTO	R'S SIGNATURE	IN	C. 1217	571	and the second s	ECID BY REGIST		STRAR'S SIGN Lung S. Hi		

may be retained by the hour and attending physician.

TO FUNERAL DIRECTOR: After the serificate has been signed by the attending physician and campletely filled in by the funeral campage 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed the State 8cord at Hearth priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO HOSPITAL OR ATTENDING VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

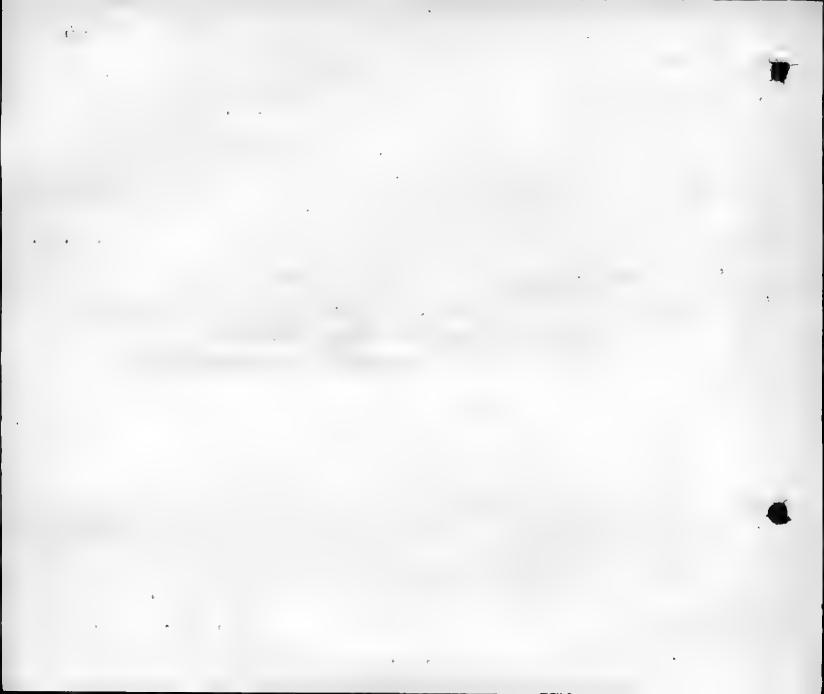
	8	838 DIVISI	ON OF !	CERTIFICAL RESEARCH A			MORE 1, N	MARYLAND	08	896	
	PLACE OF DEATH b. COUNTY Bal	timore		MARYLAND	a. STATE	yland	ere deceased	Prince			ssion) /
	b. CITY OR TOWN (IF	outside corporate limit	s write	c LENGTH OF STAY IN 16	c CITY OR 1	TOWN (IF o	utside corpor	ote limits, write R	URAL and give	negrest for	vn)
7	Catons			3month 22day	s Car	ollto	n, Md.		7.54		
	OR NST TUT ON	A. (If not in hospital, g	ve street o	address)	d STREET A	DDRESS				e 15 RE	SIDENCE A FARM?
		ove State F	lospi.	tal.	8404 Fr	emont	Stree	t			П 00
3 (NAME OF DECEASED	Firs		Middle	Las	t	4. DATE OF	Mon	th	Day	Year
	(Type or print)	Nel	lie	Margaret	Doyl	.0	DEATH	Augu	st	13	1900
5. 5	SEX	6 COLOR OR RACE	7 MARR	IED NEVER MARRIED	8. DATE OF BIRTI	Н		9 AGE (In years	FUNDER 1 Y	-	Y
	Female	White	WIDOWE	D DIVORCED	June 29	, 187	2	lost birthdoy)	Months Da	ys Hours	Mir.
100	. USUAL OCCUPATIO	N (G've kind of work ding life, even if retired)		KIND OF BUSINESS OR INDU				ountry)	12.CITIZEN	OF WHAT	COUNTRY?
	Housewife	ing me, even il remed)	Own	n Home	Ma	ssach	usette	S	J	J. S.	. A.
13	FATHER'S NAME				14. MOTHER'S	MAIDEN N					
	Timothy	Reardon		4	Joh	anna	Ril	e).			
	WAS DECEASED EVER	IN U. S ARMED FOR		SOCIAL SECURITY NO 17	NFORMANT			Addi	ess		
	inknown	f yes, give wor or dates of se	rvica)	unknown I	Rocords:	Spri	ng Gro	ve State	Hospit	tal.	
1	IB CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]										
	PART, DEATH WAS CAUSED BY CONGESTIVE HEART FAILURE ONSET AND DEATH										
	and the second s										
	Conditions, if any, which) TO PRICE CARDIAC VASCILLAR DISEASE										
	gave rise to in	mediate (1 4		
	couse (a), stating to lying couse last.	he under-									
ATION	PART II. OTH	1 1		ONTR BUTING TO DEATH BU	T NOT RELATED TO	THETERMI	NAL D SEASE	CONDITONGV	EN IN PART I	PERF	ORMED?
CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	□ CAUSE OF DEATH!	20b DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature a	finjury in I	Part or Port	II of stem 18.)			
MEDICAL	20c T.ME OF INJURY Manth Doy, Year 20d INJURY OCCURRED Have a.m. Pm 19 While at work										
	21 I certify that (I) (this haspital) attended the deceased fram. July 20 1960, ta 19 that (I) (we) last										
	saw the deceased alive an										
	22c PHYSICIAN'S NAME (Type)	70. K	, 1	for Mid	22d ADDR	ess Sp	ring (rove Sta		pital	
	8UR AL CREMATIO	23b DATE THEREO	F	23E NAME OF CEMETERY	OR CREMATORY			ION (City, town,		(St	ate)
ia	1 PETTY HABIT	8/17/60		Adams Cemet			Adams	, Mass.			
24.	FUNERAL DIRECTORS	SIGNATURE		ADDRESS	-	25a. REC'	D BY REGIST	RAR 25b. REGI	STRAR'S SIGN	ATURE	
	F. Gasch!	s Sons 1	lyatt	sville, Md.		DATEAU	3 1 9 '60	and	than S. Ki	add the	

moy be revained by the nation of an attending physician.

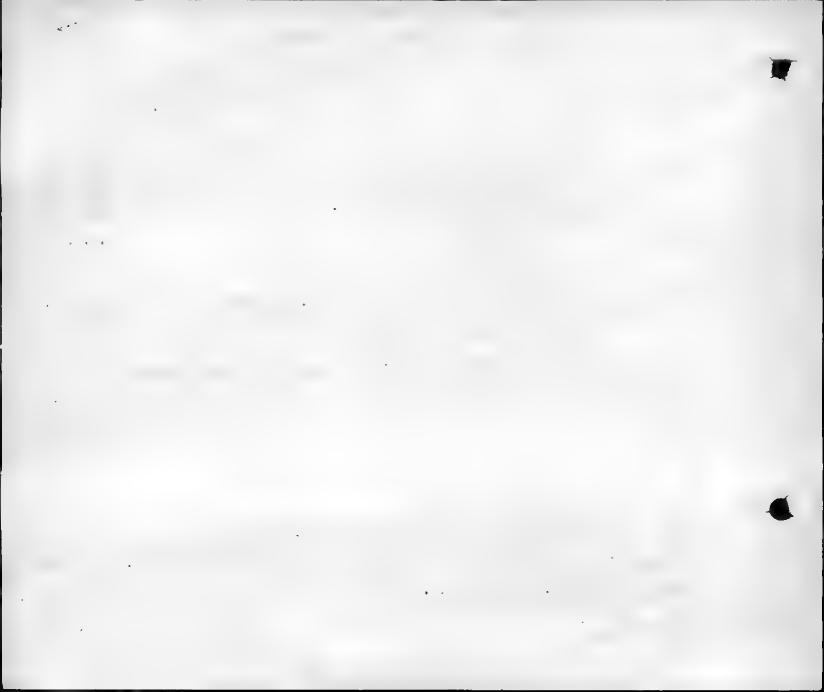
SFUNERAL DIRECTOR: At an activate has been signed by the attending physician and completely filled in by the funeral company. Pages 3 should be detached for use as the buildt-sransit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to buried, cremption, or removal, and in any event, within 72 hours after death. TO FUNERAL DIRECTOR: At

VR A15 (4) 15M 9/59

TO HOSPITAL OR ATTENDING PHYTICIAN: The low requires that the death certificate be executed within 24 hours ofter death



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
-		8833 CERTIFICATE OF DEATH Reg. Dist. 0.8807
M)) [PLACE OF DEATH a. COUNTY Baltimore ARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore Maryland ARYLAND Baltimore
E E	1	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) RURAL and give nearest lawn) Baltimore C. LENGTH OF STAY IN 1b
shauld	-	Rural Towson Rural Towson
d 2 sh	1	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Glenarm Road Glenarm Road Glenarm Road Glenarm Road Glenarm Road
j	3.	NAME OF DECEASED (Type or print) Name OF First Middle tost 4. DATE Month Day Year OF DEATH August 30 19 60
, 0 0 0		SEX A COLOR OF PACE 7. MARRIED TO NEVER MARRIED TO B DATE OF BIRTH OF AGE HIS WAYS IF HINDER 1 YEAR IT HINDER 1/2 HOS
die /_	- 1	remaile white whowed Divorced Dec. 6, 1876 84 yr.
decolh	1	Teacher Bavaria, Germany U.S.A.
F)	7	George Drescher 14. MOTHER'S MAIDEN NAME Eva Tatis
1		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (a) no or unknown) yes, give wor or data of services)
		Sister M. Peter Fourier Notch Cliff, Md.
		IB CAUSE OF DEATH [Enter only one coure per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEATH
		PART I DEATH WAS CAUSED BY: Cerebral thrombosis 4 days
		Conditions, if ony, which) Generalized arterio - sclerosis - hypertensive
		cause (a), stating the under-
	Z	, (c)
O	NOITATI	PERFORMED? YES NO
	CFRTIE	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MFDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m While Not while p. m. 19 at wark of work 19 at wark 1
		21. I certify that I attended the deceased from April , 19.60, to August , 19.60, that I lost sow the deceased of the on August 25, and that death occurred at 6.55PM, from the causes and on the date stated above
		ADDRESS (Street, city or town, stole) DATE SIGNI
5		SIGNATURE MACHINE MACH
		PHYSICIAN'S Charles F. O'Donnell M.D.
U	72	10. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stole) REMOVAL (Specify) 9-1-60, VILLA MARIA CEM. NOTULI CLIFF A'R TOWSON, MD.
e E	23	FUNERAL DIRECTOR'S STONATURE 90/5.Co ADDRESS /N 6 57, 240. REC'D BY REGISTRAR'S SIGNATURE SEP 2 160 Continued St. Phonos
	F	Starter S. Jeller BALTO, 24, MD. DATE SEP 2



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8840 **CERTIFICATE OF DEATH** 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RURAL and give nearest town) ploous 5-PARKS d. NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION P 2 NAME OF Eirst Middle 4. DATE Month OF DEATH DECEASED ETHEL oges (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (n years last birthday) 5. SEX 8 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS DIVORCED [WIDOWED T to USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death during most of working life, even if retired) SRLES CLEKIC. and ofter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician томе 16. SOCIAL SECURITY NO INFORMANT Address attending CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Candilions, if any, Which gned gave rise to immediate DUE TO couse (a), stating the underlying cause lost. **burnal-transit** PART II OTHER SIGNIF CANT CONDITIONS CONTRIBLE NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 200 ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18) CAL 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Hame, form, 20f (City or town) Day Yeor 20d INJURY OCCURRED factory, street, affice bidg , etc.) MEDII Hour o m While Not while at work of work AUGUST 20 1960 that I last saw the deceased 1960 to JUNE 21. I certify that I attended the deceased from and that death accurred at_3 A M, from the causes and on the date stated above nay be retained by the FUNERAL DIRECTOR: ADDRESS (Street, city, or town, state) ACTUAL prior SIGNATURE 3 should PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 226 DATE THEREOF 22d. LOCATION (City 22c. NAME OF CEMETERY OR CREMATORY lawn, or caunty)

ADDRESS

e IS RESIDENCE

ON A FARM?

YES NO T

Year

196

12 CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES NO I

(State)

DATE SIGNED

(County)

24b REGISTRAR'S SIGNATURE

Ton S. France

AUG 2 3 60

DATE

Months

0 VS A15 (4) 15M 9/58

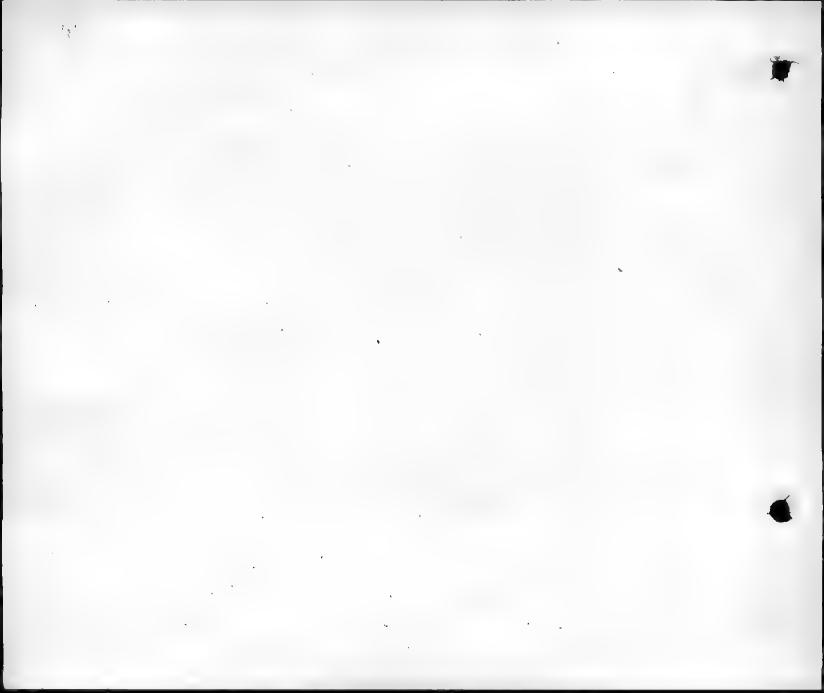
REMOVAL (Specify) FELLER

23 FJINERAL DIRECTOR'S SIGNATURE

within

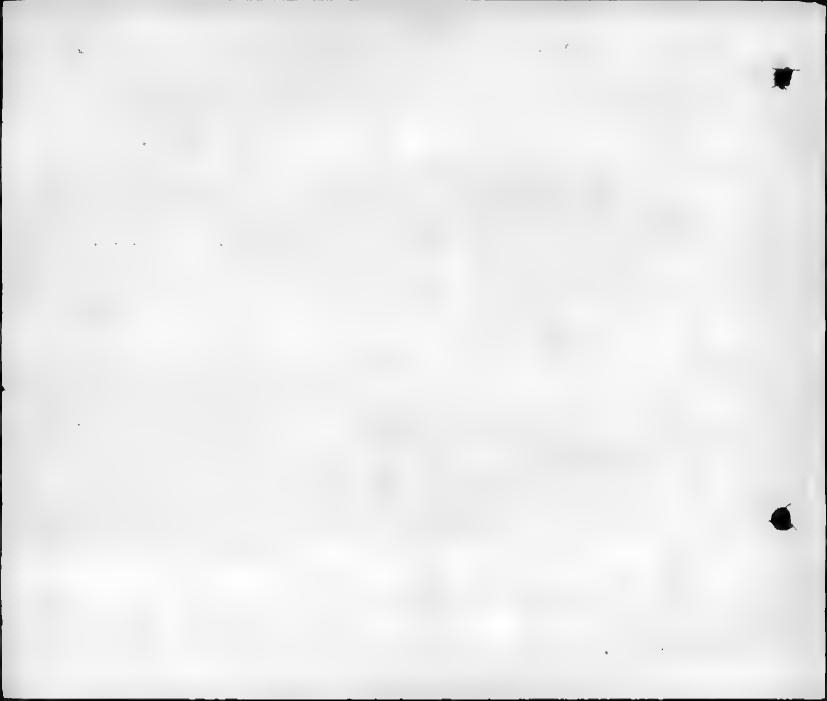
executed

requires that the death certificate



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1SM 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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a.	12	-4	14

CERTIFICATE OF DEATH

Ran Did SRID

× 00000				Reg. Dist. Ne.
PLACE OF DEATH COUNTY	MARYLAND	o STATE		ution Residence before admission)
<u>Baltimore</u>		Maryle	ura .	Aime Armider
b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)				e RURAL and give nearest town)
Catonsville	10mth3dys	Glen Bur	nie	<u> </u>
d NAME OF HOSPITAL (If not in hospital give stre OR INSTITUTION	eet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
SPRING GROVE STATE HO	SPITAL	Route #2	2 - Box 431	YES NO
NAME OF BECEASED (Type or print) Beulah	Ru th	Edwards		North Day Year 9 1962
SEX 6 COLOR OR RACE 7 MJ	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In yea	IF UNDER 1 YEAR IF UNDER 24 HRS
female white woo	WED DIVORCED	April 3, 189	91 69 birthdoy	ns Months Days Hours M.n.
O USUAL OCCUPATION (Give kind of work done It	06. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) NOUSEWILE		MaryLa		U.S.A.
FATHER'S NAME		14 MOTHER'S MAIDEN N		
Transm George Reight	ter	Unknown		
WAS DECEASED EVER IN U. S. ARMED FORCES?		NFORMANT		ddress
os no or unknown) (fil yes, give wor or dates of sorvice)		Records: SPR		STATE HOSPITAL
		wecolda: olu	ING GROVE S	STATE MOSETTAL
18. CAUSE OF DEATH [Enter only one cause per		1	1-1-	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	Dizphrag Matu	c 170 cardia	1 InFaction	u ap. 2 mos.
THE TO		,		
Conditions, if ony, which) [b]				
gove rise to immediate outer DUE TO		•		
tying couse lost				
PART II OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION O	GIVEN IN PART I(a) 19 WAS AUTOPSY
Dia betes				PERFORMED?
	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	Cort Lor Port II of ilem 18.)	137 101
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	INJURY OCCURRED 20e. Pt.	ACE OF INJURY (Home, form,	206 (City or 1000)	16-unit
Hour o.m. Whi	ile Not while For	ctory, street, office bldg., etc.) t	(County) (State)
p. m.,	vork of work	10 0	1	,
21. I certify that I attended the dece	A	19 60 to Kk	1948t 4, 196	2. that I last saw the decease
alive on August 7 , 19	60 and that death	occurred at 3:30	M, fram the causes	and on the date stated abov
			ADDRESS (Street, city or low	
SIGNATURE SELLE WCLC	lister	MD SPRING G	ROVE STATE	HOSPITAL 8-1-60
		17 t) W4		
PHYSICIAN'S Stella Wachsli	er. M. D.	Catonsvill	le 28, Mary La	and
BURIAL CREMATION 225, DATE THEREOF	22c NAME OF CEMETERY O		22d LOCATION (City fowr	
uneMOWA [Specify] Aug. 8. 1960	Parkwood C		Baltimore	n, or county) (Stote)
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			
	NC. Baltimor			GISTRAR S-SIGNATURE
THE STREET OF DOMOST	TIO DOT ATMOTA	DATINUS	9	

may be retained by the how at or attending physician.

O FUNERAL DIRECTOR: Aft. Is certificate has been signed by the attending physician and campletely filled in by the funeral nymer. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death TO FUNERAL DIRECTOR; Aft VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8843 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Laltimore a. STATE b. COUNTY Md. MARYIAND burial, b. CITY OR TOWN (If outside corporate limits, write #URAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Lensington Kensington the registrar priar to d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS and 3 to the funeral direct retained for your files. Marwic's Ave J. Warwie's Ava 3. NAME OF **First** Middle DATE Month DECEASED Frank Edward (Type or print) Engler DEATH Aug. 22.1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH lest birthday) Male WIDOWED IT Oct. 16.1908 DIVORCED | 10a. USUALIOCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during must of working life, even if retired) таду 3. FATHER'S NAME Give Pages 1, 7 43. Page 5 may Poges 15. WAS DECEASED EVER IN U. S. TRMED FORCES? 16. SOCIAL SECURITY NO permit. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis **DUE TO** Cardio vascular heart disease Conditions, if any, which ! gave rise to immediate come **DUE TO** (a), stating the underlying couse last. ner's Office of PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or fown) factory, street, affice bldg., etc.) While Not while p. m. el work at work

ACTUAL

SIGNATURI

EXAMINER'S

NAME (Type)

21. I certify that I took charge of the remains described above, held an Autopsy ... death resulted from: Natural causes [4], Accident [7], Suicide [7], Homicide [7], Undetermined cause [7],

Geo. S. H. Kieffor M.D

Howard H. Hubbard 4107 Wilkens Ave.

CHIEF MEDICAL EXAMINER [7]

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

1004

22c. NAME OF CEMETERY OR CREMATORY Loudon Park Cem. 22d. LOCATION (City, lawn, or county) Balto. Md.

Inspection .

23. FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, 22b. DATE THEREOF

ADDRESS

24a, REC'D BY REGISTRAR Aliti

245, REGISTRAR'S SIGNATURE Calley & Humal

Ant. 22,1960

(County)

Inquiry ... and find that

Reg. Dist. No

Balto.

Months

. IS RESIDENCE

ON A FARM?

YES NO'

Year

19

IF UNDER TYEAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NOF

DATE SIGNED

(State)

(Stote)

VS. A15ME(5) 5M 9/55

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DEPUTY MEDICAL EXAM

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PONERAL DIRECTOR: A poge 3 shauld be detach

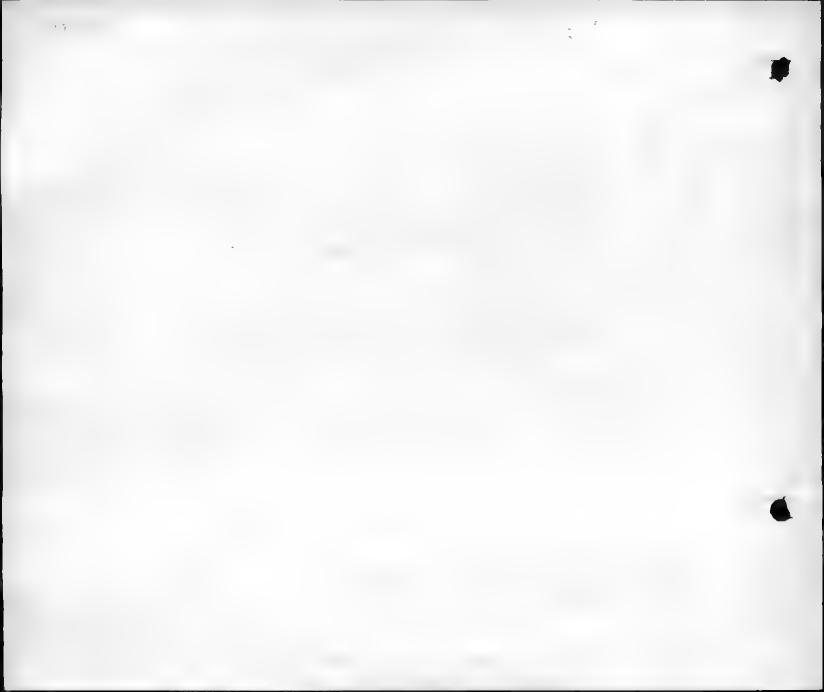
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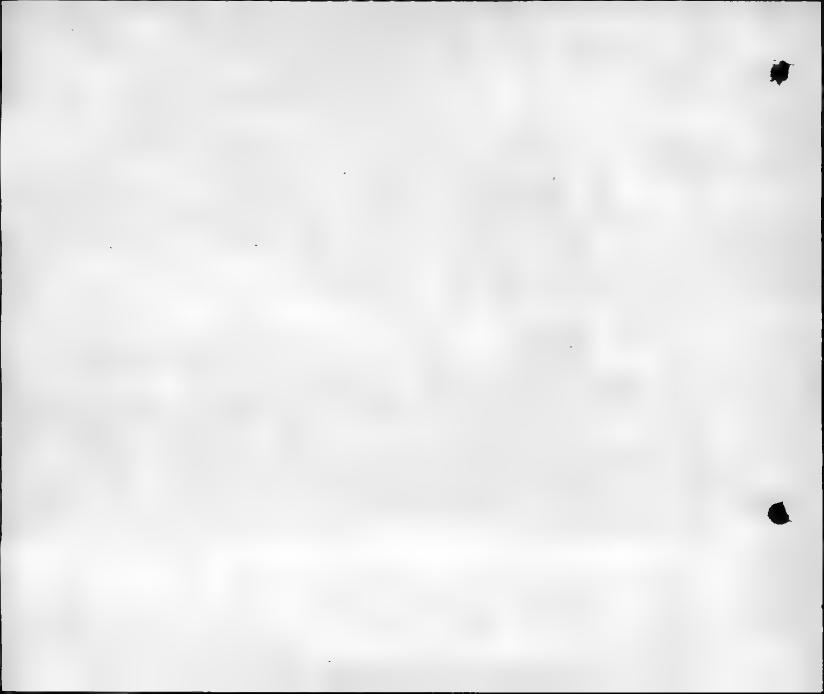
15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **Q. STATE b.** COUNTY MARYLAND burial. b. CITY OR TOWN (If outs) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest lower 0 . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? ttace Ave. YES I NO DE NAME OF DATE Middle Month Year DECEASED OF (Type or print) DEATH 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Davis Hours Min. WIDOWED 🖾 DIVORCED [yrs. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) DOMESTIC may 13. FATHER'S NAME Poges oge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one couse per Line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: ASCULAR IMMEDIATE CAUSE (o) DUE TO Conditions, If any, which gave rise to immediate cause **DUE TO** (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY ő PERFORMED? NO [20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Not while di. m. at work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 🛂, inquiry 17, and find that cute the certificate, while forwarded to the Chief DINERAL DIRECTOR: Noturo couses / Accident Suicide Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **FKAMINER** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUMERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATUR VS. A15ME(5) Circles & Thous 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





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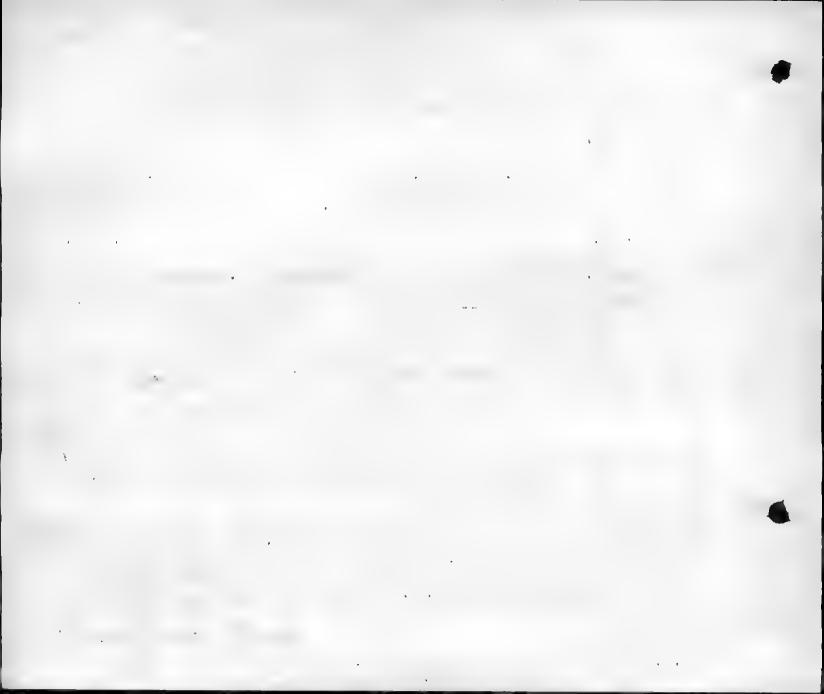


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 8846 TO HOSPITAL OR ATTENDING PHYSICIAN: The formal physician and completely filled in by the funeral may be retained by the hospital physician and completely filled in by the funeral to Funeral Director. At the ficate has been signed by the ottending physician and completely filled in by the funeral to Funeral Director. To funeral physician and completely filled in by the funeral physician and completely filled in by the funeral secretarians are properly as a standard for use as the burial, remaining or remayal, and in any event, within 2 hours after death.

08816

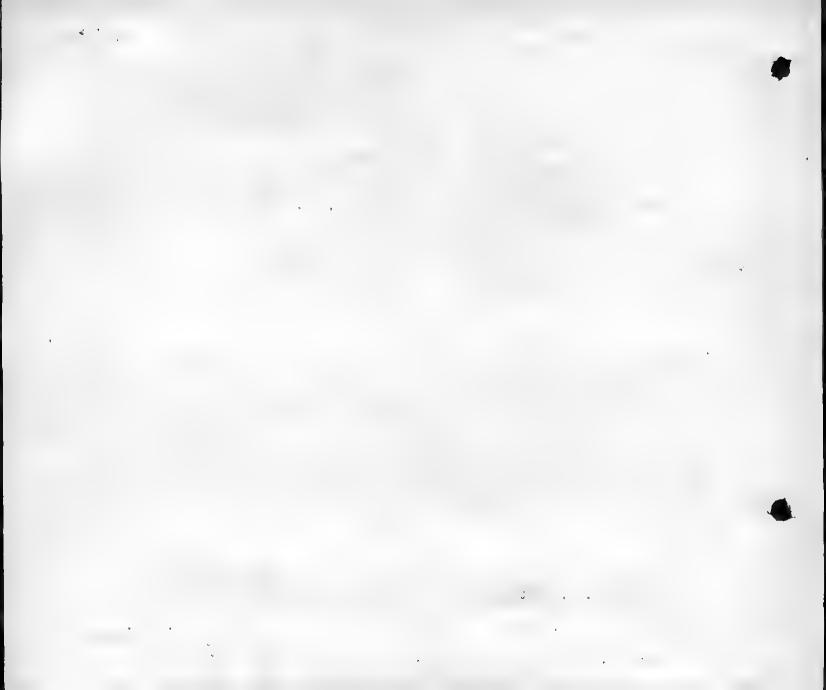
	LACE OF DEATH	Baltimore		MARI	LAND 2	o STATE Mary		Llived, If ins b COU		nce before a	dmission)
ь	CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF STAY	IN Ib	c. CITY OR TOWN (IF	autside carpar	rate limits, wr	ite RURAL and	give nearest	town)
	Catonsvil	le		lmth30dvs		Baltimore			4	k	
0	OR INSTITUTION	AL (If not in hospital is	give street	address)		d STREET ADDRESS					RESIDENCE
		ROVE STATE	з но	SP TAL		507 Cha	ring C	ross R	load		ON A FARM?
3 P	NAME OF	Fi		Middle		Last	4. DATE OF		Manth	Day	Year
	DECEASED Type or print)	He	elen	v.		Fay	OF DEATH	A	ugust	31	19 60
5 S	EX	6. COLOR OR RACE	7 MARE	HED NEVER MARRI	ED [8. t	PATE OF BIRTH		9 AGE (In v	ears IF JNDE		JNDER 24 HRS
f	emale	white	WIDOWI		_ (Sept. 13. 1	885	7Li	yrs Manths	Days Ho	ours Min
10o	USUAL OCCUPATION	N (Give kind of work	done 10b	KIND OF BUSINESS C	R INDUSTR	11 BIRTHPLACE (State	or fareign co	ontry)	12 Ct	TIZEN OF WE	IAT COUNTRY?
	housewi	ing life, even if retired C O	"			Mary	hral		1	J. S.	٨
13	FATHER'S NAME					4 MOTHER'S MAIDEN				<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
	John	# Honno	0.000			77 - 43 1	- TY	**			
15 '	WAS DECEASED EVE	T. Henne	CES? 16.	SOCIAL SECURITY NO	. 17 INFO	Katheri	18 V .	неар	Address		
1Yes	No ne unknown)	(If yes, give war ar dates of s	service)		Re	cords: SPR	ING GR	OVE ST	ATE HO	OSPT TAI	[,
		TH [Enter only one co	ruse per li	ne for (a), (b), and (c)	1						L BETWEEN
		TH WAS CAUSED BY	Ann			ardi.ovascul	on die	ease			AND DEATH
	起业 .	IMMEDIATE CAUSE (c	,	OCT TODOLET	OUTC C	ai dinyancui	er ura	ease			
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	gove rise to it	nmediate		ener arrzen	CI. COL	TOSCIELOSIS					mate and resolutions
	cause (a), stating										
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OF.	FARE II, OTE	IER 2 GMIF CAMI CON	MILIONS C	CHIMBUTING TO DE	MIN BUI NC	ALKERATED TO THE TERM	INAL DISEASE	CONDITION	I GIVEN IN PA	Pi	ERFORMED?
PIC.	20. ACCIDENT VI	C Huperiyina G	Jan Dro	COLOR LACANA IN ALL ADVI CO	CCLIPPED 4	F	D D	M -6 -4 10	1	YE	S NO 🔀
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER	208 063	CKISE HOW INJUST O	CCORKED (Enter nature of injury in	ratt i or ratt	If at item to	,		
MEDICAL	20c TIME OF NJJR Haur a.m.	Y Month, Day Ye		VURY OCCURRED	20e. PLACE	OF INJURY (Hame, form	n, 20f. (City	or town)		(County)	(State)
MEC	p. m.	19	While of wor	k at work		,	"				
	2) I certify tha	t (I) (this haspita	l) attenc	led the deceased	from	July l 19	60 ta	Aug.	31 196	50 that	(I) (we) last
	saw the deceas	ed alive an	lug.	31 19 60, and	that dea	th accurred of	55 from	the causes	and an th	e date str	ated abave
i i	220 S GNATURE	al no	/ 1	0 -		P	*		, and an m	0 0010 310	SKD DAIL
		silla	Wa	celesto	2- MD	ATTENDING M	RECTOR	STAFF PHYS	9-	-1-60	SIGNED
	22c PHYSICIAN'S NAME (Type)					22d ADDRESS		GROVE	STATE	HOSE	TIDAT
	AVWr (. Abe)	Stella	Wachs	sler, M. D.						HOSP	
23a	BURIAL CREMATIO	N. 236 DATE THEREO		23c NAME OF CEM		REMATORY	23d LOCAT	ON (City, to	wn or county)	a HO	(State)
	REMOVAL (Specify) Burial	9-3-60		New Cat	hedre	a 1	Ra 1		71		ld.
	FUNERAL DIRECTOR			ADDRESS	AAUU11	25o. 📭	P 2 REG SI	The same of the same of	ENGISTERNE SE	7.7	
H	.W.Jenki	ns & Son	s Co	11905 Yor	ek Ra	DATE					

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7 35 8		8847 CERTIFICATE OF DEATH Reg. Disf. No. 17
	1)	a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before adm ss on) O STATE COUNTY But To
funeral uld be	2	o CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) PLECE FACE A Robert Control of C
urs afte by the id 2 sho	X	d NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION IS RESIDENCE ON A FARM? YES NO
niii 24 ha filled in ages 1 an		3. NAME OF DECEASED (Type or pr. nt) 1 CLC GOODEN THE PORKY HOUSE THE BIRTH CLC 4 23 1966 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED N. B. DATE OF BIRTH 9 AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS
ed will aptetely ers. Po		WIDOWED DIVORCED CLEG 23-1960 last birthday! Months Days Haurs Min
axacut nd can an pap death.		100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100 KIND OF BUSINESS OR INDUSTRY 11 STRIPPIACE (State or foreign country) 11 STRIPPIACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 CITIZEN OF WHAT COUNTRY?
cate be		Reasont Bauble Eveliper Tiplon
Certific		15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address (You, no, or unknown) I to younge war or dates of service) MC Fleeseet Tournel- Hersephatea a Mid 18
the attendin Then please vent within		18 CAUSE OF DEATH [Enter anily one cause per Interface (a), (b), and (c)] PART L DEATH WAS CAUSED BY: DUE TO INTERVAL BETWEEN ONSET AND DEATH I COMMAND DUE TO
equires the n. signed by it permit. id in any e		Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)
The law real physician, has been sirrial-transit maval, and	^	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO (1)
tending ficate the bu		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NYSIC or at cert remation		20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not wark at war
NDI se ha sched fo ourial, c	is.	21. I certify that I attended the deceased from 8. 7. 4. to 3. 7. to 3. 7. that I last saw the deceased alive on 8. 7. 19. and that death occurred at 4. M., from the causes and an the date stated above.
OR ATTE ned by th MRECTON d be dete prior to b	1	ACTUAL SIGNATURE M.D. C. SCT ter feet M.D. ADDRESS (Street city or town, stole) DATE SIGNED S/23/6
AL C		PHYSICIAN'S M. C. Porterfield, M. D. Hampstead, Md.
May be r D FUNER. Page 3 st		220 BURIAL, CREMATION, 226 DATE THEREOF, 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State)
VS A15 (4) 15M 9/58	- 1	23 FUNERAL DIRECTOR'S GIONATURE ADDRESS ADDRESS DATAUG 25 60 Chim S. Kinne





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 10/57

Balto.

Months

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES | NO DO

(County)

nours

(Stote)

DATE SIGNED

(State)

Md.

12 CITIZEN OF WHAT COUNTRY?

U.S.A.

YES | NO AC

10 60



7 /		MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
* ***	L	CERTIFICATE OF DEATH Reg. Dist. No.	
Do Day	1.	PLACE OF DEATH COUNTY BALTIMORE MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE A REVIEW B. COUNTY R. A. F. T.	P-tain-to-
death.	E	CITY OR TOWN (If outside corporate limits, write c LENGTH/OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
by the		or INSTITUTION 36/0 ANT BECZ RA 300000000000000000000000000000000000	-
filled in b		NAME OF DECEASED Middle Lost 4. DATE Month Day Year OF DECEASED GF GF DEATH 3 19 6	
d within	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years In June 1 YEAR IF UNDER 24 HR WIDOWED DIVORCED Min Min	
execute nd comp n paper death.	100	USUAL OCCUPATION (Give kind of work done 10th KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT COUNTRY Stole or foreign country)	FRY?
ate be ician ar e carba	13.	FATHER'S NAME Lever Liles 14. MOTHER'S MAIDEN NAME Outous,	
certificat ng physici Za hours		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT OF Unknown) (If yes, give wor or dotes of service) 214-40-4863 // R. CARD	マツ
ottending on please of the within 23		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)	# /-
that the lby the lift. The ny even		Conditions, if any, which) (b) Inquition	
requires		gave rise to immediate cause (o), stating the under-lying cause last.	
physical pas beer ial-fran naval, o	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS' PERFORMED? YES NO	
IAN: Tilending ifficate but the but	L CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC ol or off his cert use as emotion	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. p. While Not while p. m. 19 of work	(*)
VDING he ho will convince the		21. I certify that I attended the deceased from 1900, 1957, to 1900, that I last saw the deceased alive an 1900, 1900, and that death occurred at 1900, from the causes and on the date stated about	sed
A ATTER d by the ECTOR: be deto or to bu		ACTUAL Educy (Muskarx) M.D. 8244-181-17 1 B4171 1 145113	
SPITAL OF retained retained 3 should 1 gistrar pri		PHYSICIAN'S ENDILL FORTER POLICE	ا هیاست
HOSE FUNE oge 3	220	Burial CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (Stote) Burial 8/15/60 Woodlawn Cema	
Q □ Q □ □ VS A15 (4) 15M 9/55	23,	FUNERAL DIRECTOR'S SIGNATURE ADDRESS BOOK DATE ASSOCIATION OF THE SIGNATURE DATE ASSOCIATION OF THE SIGNATURE	
		17 led.	=



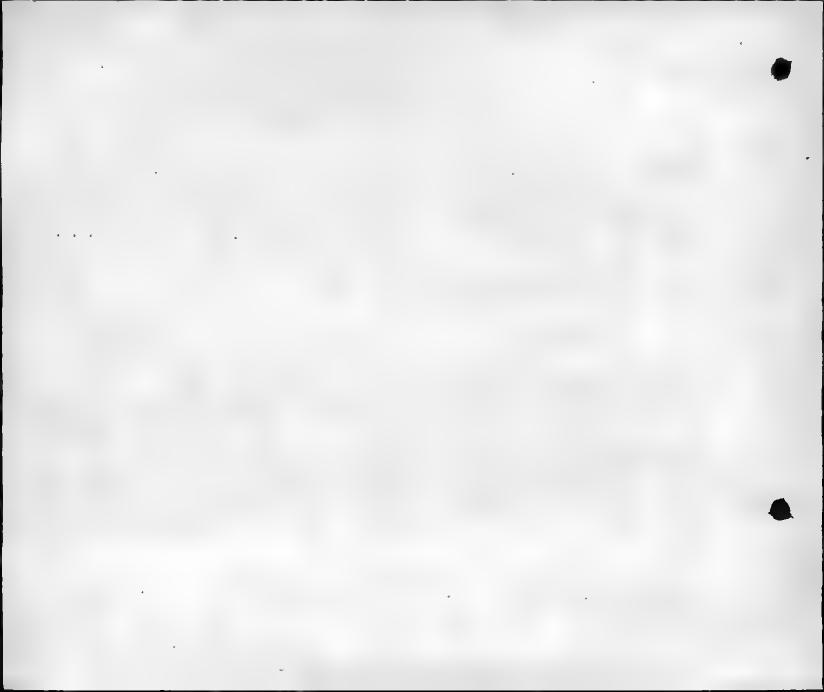
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Dist.	18	8	2	1
.00.	UINT.	NQ.			-

I. PLACE OF DEATH o. COUNTY Relico MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) o. STATE b. COUNTY					
b. CITY OR TOWN (If outside corporals limits, write RURAL and give nearest form) Catolisville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 121 // infors Ave =	d. STREET ADDRESS 121 Winters 0. IS RESIDENCE ON A FARM? YES NO					
3. NAME OF First Middle (Type or print) (20 x 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Levi 4. DATE Month Day Year OF DEATH A 1 27 19					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. Col WIDOWED DIVORCED	July 12, 1892 lost biffelloy) yrs. Months Doys Hours Min.					
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10 10	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME Lanvison	14. MOTHER'S MAIDEN NAME Ellen Bailey					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [If you, give wer or dates of services] 212 -07-7575 220	FORMANT A'C 177 West . Land, Address					
Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.	TO VASCUACHEART disea DI RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTORSY PERFORMED? YES NO*					
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE Factor While Not while	ter nature of injury in Port I or Port II of item 18.) E OF INJURY (Home, form, 7, street, office bldg., etc.) (State)					
21. I certify that I tack charge af the remains described abave, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes Accident, Suicide, Hamicide, Undetermined cause ACTUAL SIGNATURE						
NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 3.4 - 60 MG LIV + AL LU 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	REMATORY 22d LOCATION (City, town, or county) (Slote) REMATORY 22d LOCATION (City, town, or county) (Slote) 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
MRS JOSEPH A LIUELY GOINBARRE						

VS. A15ME(S) SM 9/55

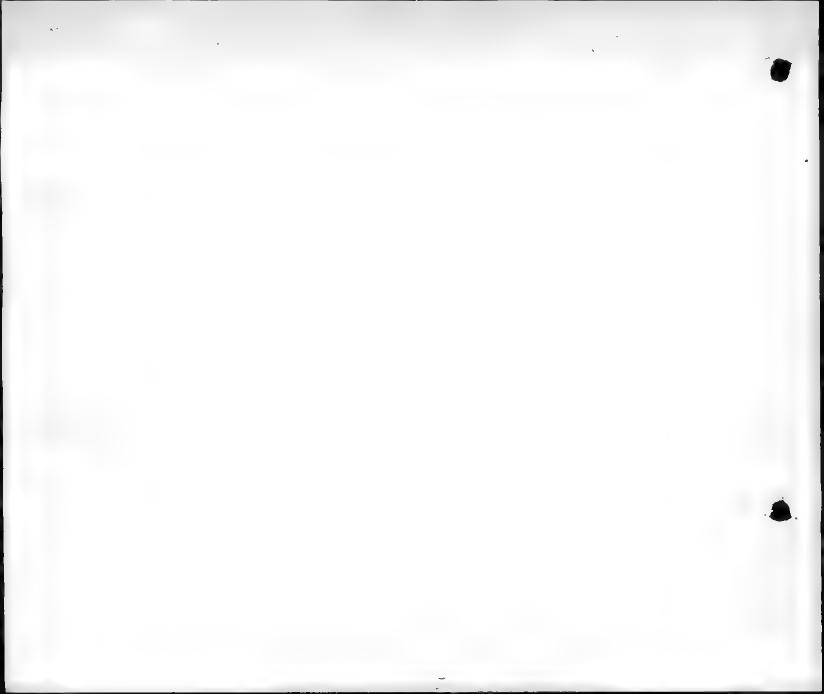


MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND burial, b. CITY OR TOWN If publide perporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write #URAL and give nearest town) d. NAME OF HOSPITAL JNSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO R DATE Year DECEASED OF (Type or print) wit DEATH 19 60 5. SEX 9. AGE for young IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 🗍 NEVER MARRIED 📔 8. DATE OF BIETH Months Days WIDOWED [7] DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working life, gren if retired) 1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? a 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME ₩0₩ 15. WAS DECEASED EVER IN S. ARMED FORCES? 17. INFORMAN MirL 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS) PERFORMEDA NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stole) factory, street, office bldg., etc.) Not white 0.15. at work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy []. Inspection P. Inquiry A and find that forwarded to the Chief O FUNERAL DIRECTOR: death resulted from: Natural causes 🔣 Suicide [7], Homicide . Undetermined cause . Accident | 1. ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S cute the NAME (Type) 220. BURIAL, CREMATION, 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(5) Chilhun 5M 9/55

O DEPUTY



DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH 1. NAME OF DECEASED 2 DATE_OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived, if we haven; residence before admission) A. STATE SCOUNTY D tallemore. ourt arestano (IF NOT IN HOSPITAL OR INSTITUTION, IS VE STREET **FULL NAME OF** HOSPITAL OR CITY OR TOWN gutside city limits, write RURAL and give township) INSTITUT ON Lecaru STREET.ADDRESS COLOR OF RACE SINGLE MARRIED, WIDOWGO DIVORCED (Specify) AGE (In years If Under 1 N Under 24 Hours Hours INFORMATION SHOULD BE CAREFULLY SUPPLIED. Kidones Months Days Adin AND LEGIBLY OCCUPATION (Give kind of 10s. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF vork done during most of working life, even WHAT COUNTRY? 3. FATHER'S NAME 14. MOTHER'S MATEEN NAME 15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) No SOCIAL CLEARLY THIS IS A PERMANENT RECORD. SECURITY NO CAUSE OF DEATH 1.8 ONSET AND DEATH OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease DUE TO njury or complication which coused death.) **ANTECEDENT CAUSES** advance d'artiri delesons CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST CERTIFICATION THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE WRITE OF DISEASE OR CONDITION CAUSING IT IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A DATE OF OPERATION 20. AUTOFSY? NO L AT WORK L.... WORK LLJ 22. I certify that (I) (this haspital) attended the deceased from... awa ... that (1) (we) last saw the deceased alive an and that in (my) (our) apinian death accurred at Lm., from the causes and an the date stated above. 23s ADDRESS 23A SIGNATURE 23c DATE SIGNED M D MED. DIRECTOR STAFF PHYS. 244 BURIAL, CREMATION, REMOVAL (Specify) (Stote) 24s. DATE 24c. NAME OF CEMETERY OF CREMATORY 240 ADCATION (City Towns or county) Culombury same 250 NAME OF REGISTRAR 2Sc. RUNERAL DIRECTOR ADDRE89



FOR STATE HEALTH DEPT. 8853

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

D		-11	X	D	"	1
D	Dist.	Nie	\cup	C 3	~	1

00	1717					Reg. Dist. I	No.
LACE OF DEATH			2 USUAL RESIDENCE	(Where deced	ned lived If inst to	tan Rusidence	before admission)
" a COUNTY	Baltimore	MARYLAND	o. STATE Man	vland	b. COUNT	Ralt	irore
	Laviside corporate limits, write RU	TAL E LENGTH OF STAY IN 16		A	rporate limits, write		
ond give nesses for Middl	e River #20		Mac	ddle Ri	ver #20		
		at in hospital, give street address)	d STREET ADDRESS		7 7 7		e IS RES D N
321 Gr	ovethorn Read	1	, 321 Gra	vethro	n Road		YES NO
3. NAME OF DECRASED	First	Middle	Lost	4. DATE	Manth	0	ay Year
(Type or print)	John L.	Greenlee		OF DEATH	August	; 4.	19 6
5. SEX	6 COLOR OR RACE 7	MARRIED NEVER MARRIED B	DATE OF BIRTH		9. AGE (In year)		AR IF UNDER 24
Male	White W	IDOWED DIVORCED D	April 18, 19	906	521 yrs	Manths Days	s Hours Min.
100 USUAL OCCUPATI	ION (Give kind of work doning life, even it retired)	106 KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	te or lareign	country)	12 CITIZEN	OF WHAT COUP
Guard	my sie, eres it letties)	Aircraft	Pennslyv	7ania		U.S	5.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
Samu	el B. Greenle	ee	Caroline	Sim	oson		
	VER IN U. S. ARMED FORCE	S? 16 SOCIAL SECURITY NO. 17 P	FORMANT		Address		rise to
Yes	WWII		ary Greenle	e	Same		
18. CAUSE OF DE	ATH Enter only one cause	per line for (a), (b), and (c)				TIN TO	NICREAL BE WEEN
PART I, DEA	TH WAS CAUSED BY:	(Olymna.	10PADO	Sich	7		5 mil
~ 20	DUE TO	7					
Canditians, if		•					
gave rise to imme	ediate couse						
(a), stating the	underlying (c)						
		IONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PART 1(o	19. WAS AUTO
PART II, OT							YES NO
200. EXTERNAL CA	USE WAS 206	DESCRIBE HOW INJURY OCCURRED (E	nles nature of injury in F	ort for Port I	l af Hem 18)		
PRIMARY Der CC	ONTRIBUTING LT				Ť		
3 200 TIME OF INJE	JRY Month, Day, Year	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, fa	em. 20f. (Cit	y or lown]	(Caunly)	(Sio
7 20c TIME OF INJU		While Not while facto	ary, street, affice bldg., e	Mc]			
		f the remains described abar	ve, held an Autor	asy . I	nspection ,	Inquiry [7. and in
		tural causes . Accident [`	Hamicide		rmined mon	
apinion dedin	1 Control (10)		,	riginicial	, Ondere	DAMREU HION	HEI 🔲
ACTUAL	Mill 10	Callun	CHIEF MEDICAL	EXAMINER I	1		DATE SIGNE
SIGNATURE	The contract of the contract o	0	_M.D. CHEF MEDICAL	-			() (
EXAMINER'S NAME (Type)	JACK (0	Collins	DEPUTY MEDICA		_		8-6-60
270. BURIAL CREMATIO	ON, 276. DATE THEREOF	27c. NAME OF CEMETERY OF			ATION (City, town, o	or country.	(State)
REMOVAL (Specify	0/0/60						. ,
Burial 33 FÉNERAL DIRECTO	R'S MENATURE	Balto Nations		C'D BY REGIS		aryland	
Lines	Mulasono			AUG 9		Lilling S. 1	
Tanks -I.	urdzinska Luc	7 Eastern Ave.	DATE	110-	1		

execute the certificate, was a should be forwarded to the TO FUNERAL DIRECTOR: Page or its designated agent, prior VS A15ME 5M 2/57

AINER: This certificate slipping be executed within 28 hours ofter death. If may delay is negaristry, place at the word "pending" in pencil in 11em, 18. Give Pages 1, 2, and 3 to the funeral director. Proc. Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filesage 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heal wire 10 burial, cremation, ar removal, and in any event within 72 hours after death.



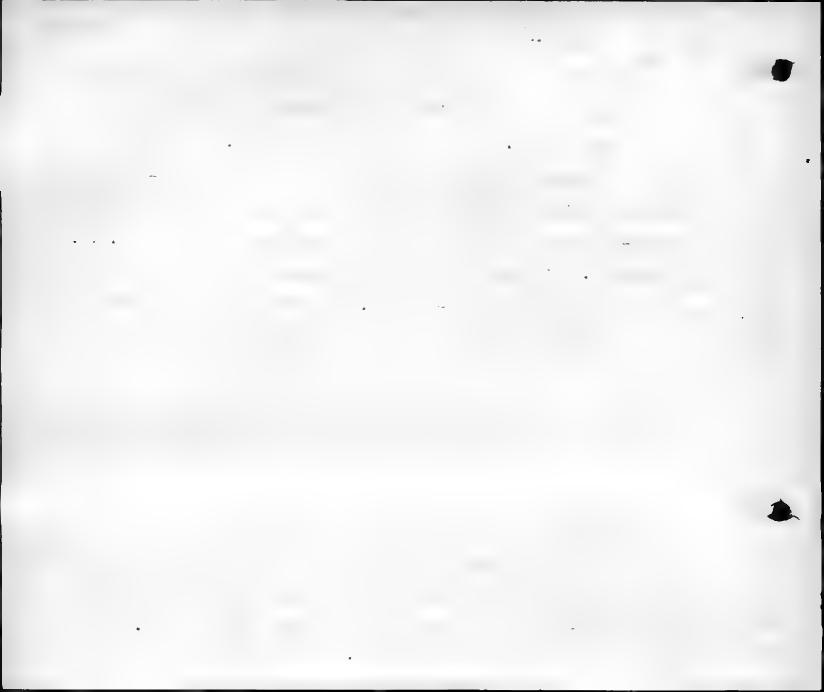
Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Baltimore c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? YES NO A Month Year 8-4-60 19 9. AGE (in years lost birthdoy)
68 yrs. IF UNDER LYEAR IF UNDER 24 HRS Months Davs Hours 12 CITIZEN OF WHAT COUNTRY? U.S.A. Address above INTERVAL BETWEEN ONSET AND DEATH PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) (County) (Stote) . 19**6**0that I last saw the deceased P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) 22d LOCATION (City, town, or county) (State) Burial (Specify) 8-8-60 Clynmalira Methodist Monkton, Md. 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR Brooks Service. Towson4. Md. arthur S. Kraus DATE # UG 1 0 '60

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HOSPITAL 0

VS A15 (4)

15M 975B



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

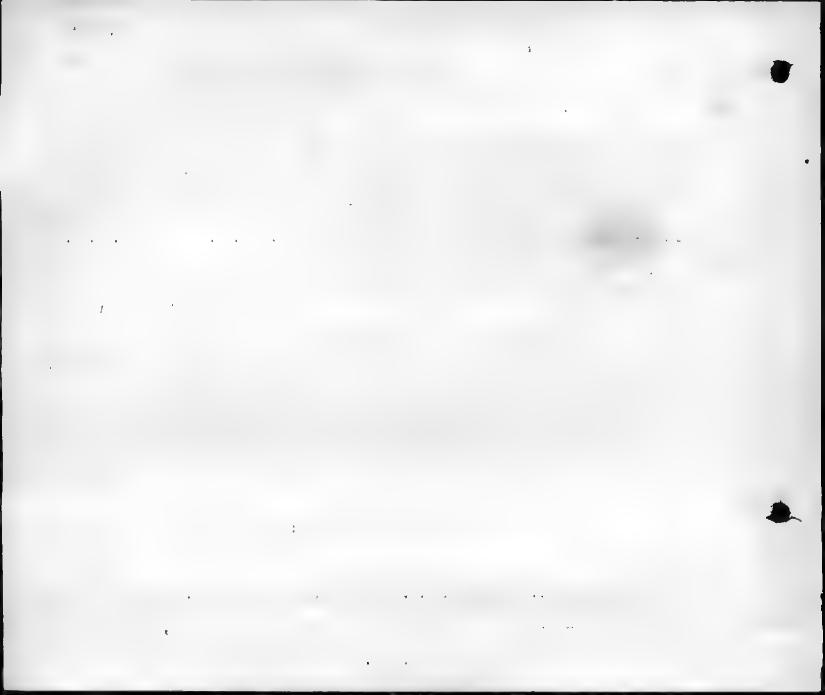
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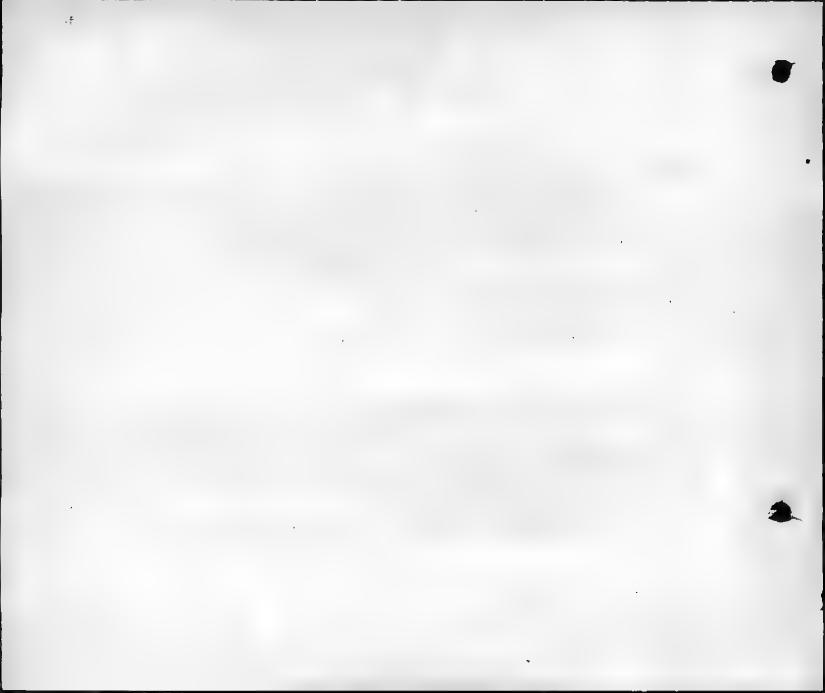
	PLACE OF DEATH			2. USUAL RESIDENCE (W)	nere deceased I ved. If institution b. COUNTY	Residence befor	re admiss on)		
B	Baltimore		MARYLAND	Maryland					
- 1	b CITY OR TOWN (if outside corporal	e limits, wir	te C SENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write RUR	AL and give neo	rest town)		
F	ort Howard, Md.		118 _{Days}	Baltimore (City		17		
	d NAME OF HOSP TAL (If not in hosp OR INSTITUTION	itol, give str	eet oddress)	d STREET ADDRESS			e IS RESIDENCE		
V	eterans Administr	ation	Hospital	1916 Mount	Royal Terrace	(17)	YES NO D		
	NAME OF DECEASED (Type or print)	First JAMES	Elwood	GRIMSLEY	4. DATE Month OF DEATH August	Do 11			
	Male 6 COLOR OR R White		ARRIED NEVER MARRIED DIVORCED DIVORCED	December 27,	a last birthdovi L	UNDER 1 YEAR Aonths Days	IF JNDER 24 HRS Hours Min		
0a	USUAL OCCUPATION (Give kind of	work done 1	06. KIND OF BUSINESS OR INDI	JSTRY 11, BIRTHPLACE (State	or foreign country)	12 CITIZEN OF	WHAT COUNTRY		
C	clerk - Retired	atired)	Real Estate Bos	rd Washingto	n, D. C.	U. S.	. A.		
3.	FATHER'S NAME			14. MOTHER'S MAIDEN I	AME				
F	Patrick Grimsley			Lorena Gro	ves				
IS (YE	WAS DECEASED EVER IN U. S. ARMEE (If yes, are was as do	FORCES?	Card Jost C	nformant inical Record	s, VAH, Baltimon	re 18, N	Maryland vision		
	IB CAUSE OF DEATH [Enter only of	ne couse pe	er line for (a), (b) and (c)]			INTE	ERVAL BETWEEN		
	PART I DEATH WAS CAUSED IMMEDIATE CAU	BY ISE (a)	YYOCARDIAL INFAF	CTION			48 Hours		
	. 1	IF TO							
	Conditions, if any, which }	I	ARTERIOSCLEROTIC	HEART DISEAS	D	I	Unknown		
	gove rise to immediate	(b) JE TO							
	lying couse last.								
z									
215	Cerebrovascular Accident - Left Middle Cerebral Artery, Right Hemiparesis								
CERTIFICATION	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF THE CONTRIBUTION OF	EATH	DESCRIBE HOW INJURY OCCURR	ED (Enter noture of injury in	Part Lor Part II of Jem 1B)				
Š	20c TIME OF INJURY Month, Day			LACE OF INJURY (Home, form octory, street, office bldg., etc.		(County)	(State		
WED.	Hour o.m.		hile Not while "work of work of work of	ociony, street, office diag., etc	"				
-	21 I certify that (1) (this has			April 21. 10	60 10 August 17	1960 th	at XI) (we) las		
	saw the deceased alive an			In a line					
	22g SIGNATURE 7						226 DATE		
		01	de a serie	M D PHYS D	ED STAFF IRECTOR PHYS [X].		8/17760		
	22c PHYSICIAN'S		KIN SKOT JAKE	22d ADDRESS			1 =11		
	NAME (Type) FREDERICK	S. DOI	NALDSON, M.D.	VAH. BALTT	MORE 18, MD. FOR	T HOWARI	DIVISIO		
23-	BURIAL CREMATION 236 DATE TO		23c NAME OF CEMETERY		23d LOCATION (City, town, or		(Slote)		
:00	Burial Spec (y) 8-20				, -	7.5			
- 10	7	~00	Blue Ridg	0.110 1		HARY LA RAR'S SIGNATUI	997		
1	EUNERAL DIRECTOR'S SIGNATURE	Gala	ADDRESS	1	In D = 100	MARS SIGNATUR			
	wy rung 6	مرسم المالي	Til urment. M	d DATE	Caxia	my A. I WAL			

TO HOSPITAL OR ATTENDIA S PEYSICIAN. The law requires that the death certificate be executed within 24 hours offer death. Prove 4 may be retained by the high physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral contractions. Page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, without 2 hours after death.

VR A15 (4) 15M 9/59





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8857 **CERTIFICATE OF DEATH** 08823

Reg. Dist. No.

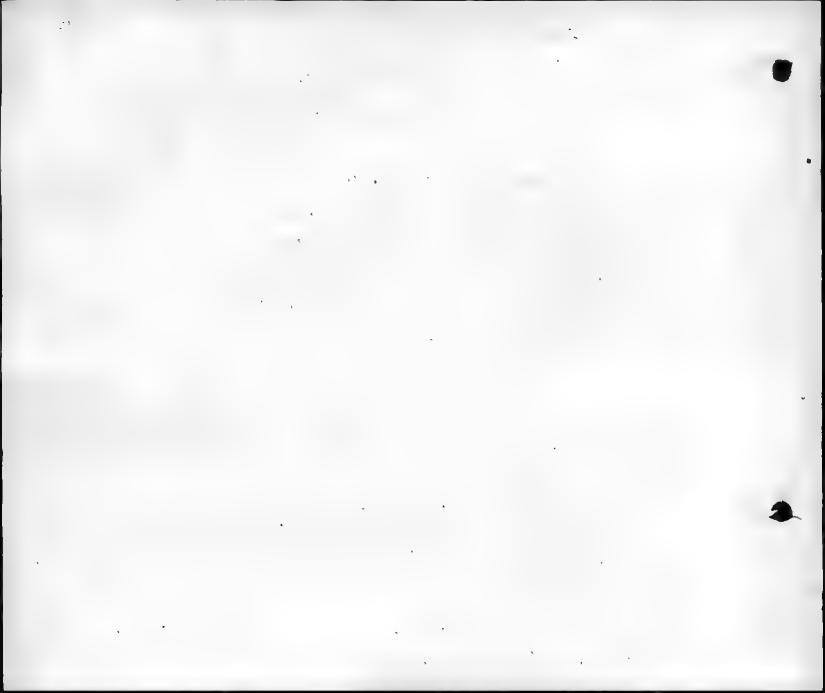
	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Who. STATE)		Institution Residence be DUNTY Balti	
	b, CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) ARVILLE	c LENGTH OF STAY IN 16	CITY OR TOWN (IF o	utside corporate limits, Le	write RURAL and give i	tearest town)
-	d NAME OF HOSPITAL (If not in hospital, give street or institution 8003 Jacquel	ine Lane	8003 Jac	queline l	Lane	e is res dence on a farm? Yes No 図
3. [NAME OF First DECEASED (Type or print) Joseph	Middle John H	artmann	4. DATE OF DEATH	Month Aug. 29	Day Yeor 19 60
	rale white WIDOWE	D DIVORCED	8. DATE OF BIRTH 8-27-1882	9. AGE (In last birth		AR IF UNDER 24 HRS s Hours Min.
	USUAL OCCUPATION (Give kind of work done) 10b during most of working life, even if retired) JCE OUSLINESS	KIND OF BUSINESS OR INDUS	Marylo	ind	12. CITYZEN	OF WHAT COUNTRY?
13	FATHERS NAME Adam G. Hartmann		14 MOTHER'S MARDEN N	AME Justice		
	WAS DECEASED EVER IN U. S. ARMED FORCES? s, no. or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO	hormant Luella M. F.	lartmann	Address S Q	me
	PART , DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (o) DUE TO	ne for (g), (b), and (c).]	me He	um L	42, 0	NTERVAL BETWEEN
z	Conditions, if any, which gove rise to immediate couse (a), stating the under- lying cause last.	CANTRIBUTING TO SEATH DUT	NEAT BELLTED YOUTURE TRAIN	ALAL D. CEACE COMP. THE	CALCINEAL INLEAST VI	DO WAS ALTORS
FICATION	PART I. OTHER SIGN FICANT CONDITIONS C					PERFORMED? YES NO
CERT	200 ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED), (Enter nature of in vry in F	Part I or Part No f dem	18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d th Hour c. m. 19 While p. m. 19	Nat while foo	ACE OF INJURY (Hame, farm tory, street, office bldg., etc.	20f (City or tawn)	(Caun	ty) (State)
	21. I certify that I attended the decease alive an 19			M, fram the caus	es and an the da	aw the deceased ate stated above
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo)	out (M.D. 1974 LV [312 64	6./	20/20
E	1 BUR A., CREMATION, 226 DATE THEREOF 9-3-60	22c. NAME OF CEMETERY OF Parkwood	Cemetery		ore, Ald.	(State)
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 5 Handona Ro	24g. REC'I	ALIG 3 1 60 246	REGISTRAR'S S GNA	

pretely filled in by the funeral a rectar, is Project 1 and 2 shauld be filled with PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute may be retained by the he.

If or already be retained by the he.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove carbon page the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8858 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY a STATE Maryland h. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate timits, write BURAL e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 11 Ovr5mth5dvs Baltimore Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 3608 Rosedale Road GROVE. YES NO STATE HOSPITAL NAME OF First Middle Month Year DECEASED OF DEATH (Type or print) James R. Henderson, Jr. August 60 19 9. AGE (In years 6 COLOR OR RACE 7- MARRIED NEVER MARRIED 2 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Days Months Hours Dec. 24. 1923 36 white WIDOWED | DIVORCED TO male yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Marga Santak S. C. U. S. A. note 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Florence Ellis James R. Henderson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Records: SPRING HOS: ITAL GROVE STATE 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN DINSET AND DEATH Status convulsivus PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Cerebral and dural adhesions Conditions, if any, which gave rise to immediate couse **DUE TO** (a), stating the underlying Transfrontal Lobotomy cours last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? YES DO NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE PEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. [City or town] (County) (State) factory, street, office bldg., etc.) Heur acac White Not while 60bl work | of work Catonsville 28. Maryland hespital 3 . ○()p. m. Inspection , Inquiry, and find that 21. I certify that I took charge of the remains described above, held an Autopsy (2). death resulted from: Natural causes Accident . Suicide . Homicide ... Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** George M. Kieffer, K. D. 8-15-60 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) **REMOVAL** (Specify) Baltimore National Balto. ald. Cem. 177/60

24g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Cather I Thomas

ADDRESS

Q VS. ATSME(S) SM 9755

care the certificate, was farwarded to the Chief FUNERAL DIRECTOR: P

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buriel,

5 SEX

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CERTIFICATION

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22. FURERAL DIRECTOR'S SIGNATURE

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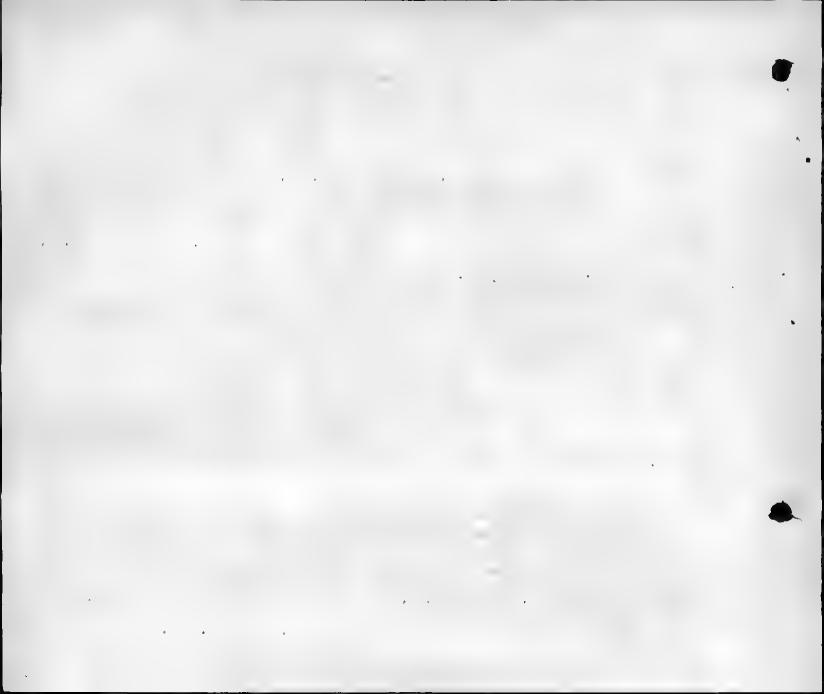
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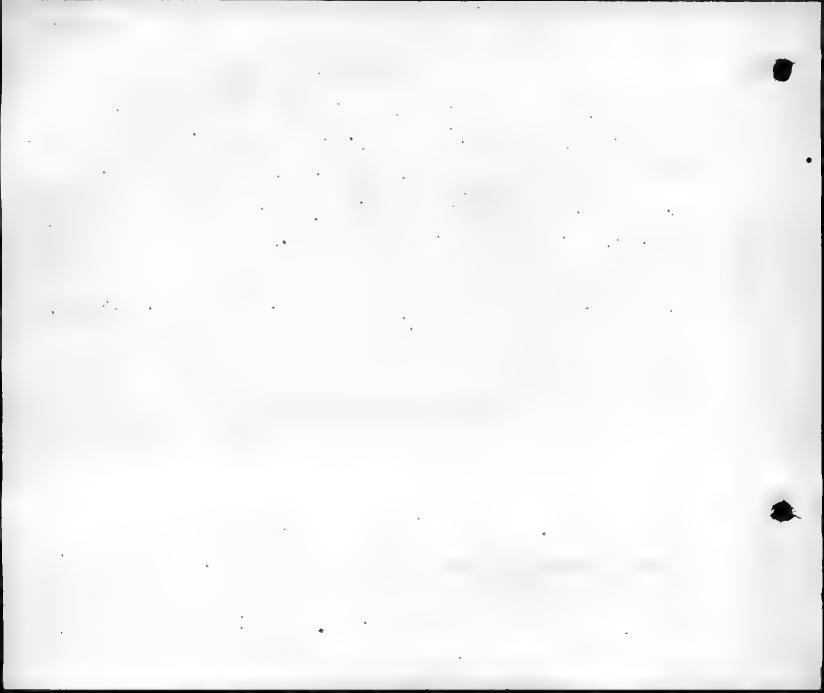


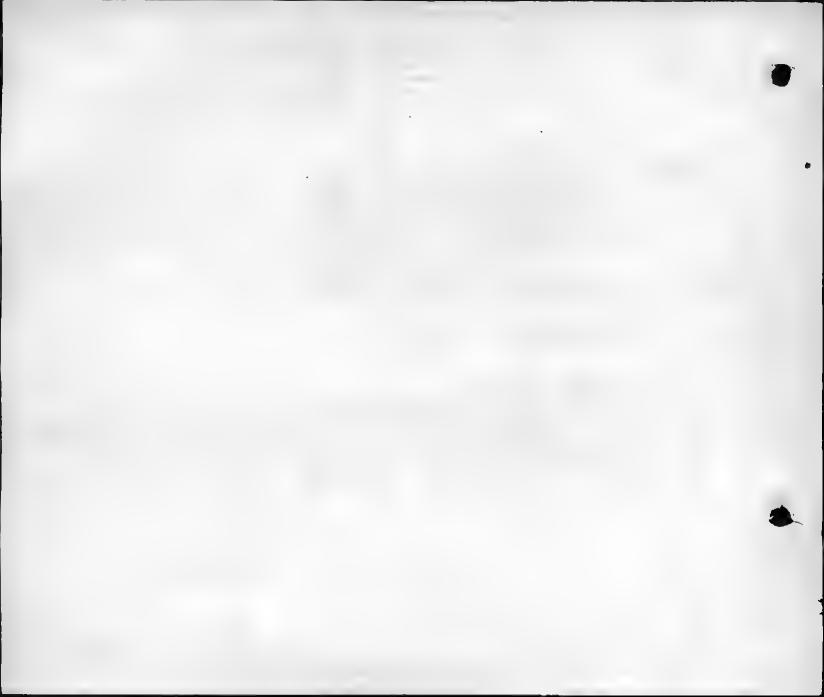
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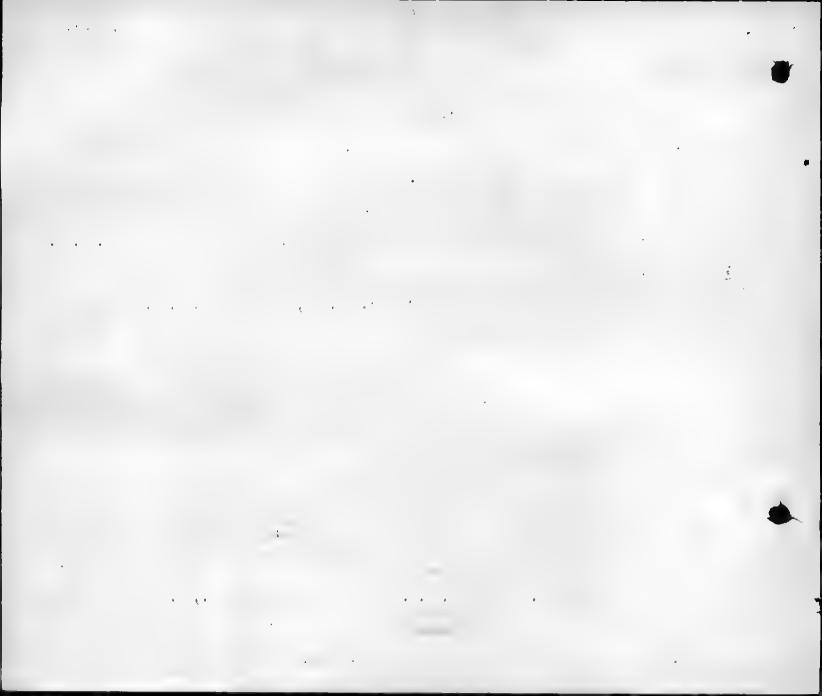


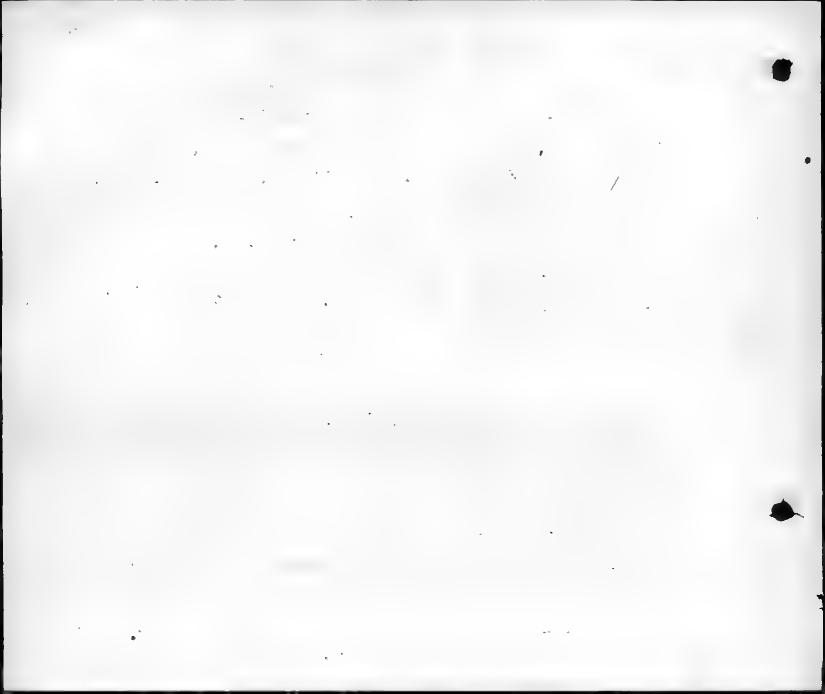
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

08832

PLACE OF DEATH COUNTY Baltimo	re		MARY	- 11	USUAL RESIDENCE (W. o. STATE Maryland	Vhere decease	b. COUNTY	on Residence		nission)
	(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corp				own)
Fort Ho			28 BAYS		Severn					
d NAME OF HOSP	TAL (If not in hospital, g	ve street	address)		d. STREET ADDRESS				e IS F	RESIDENCE
	Administrat				(Box 22)			*		I A FARM?
3. NAME OF DECEASED	For	st	Middle		Last	4. DATE	Man	ith	Day	Year
(Type or print)	FERE	RIS	E.		HOOD	OF DEATH	August		14	19.60
S SEX	6 COLOR OR RACE	7. MARI	RIED NEVER MARRIE		ATE OF BIRTH		9 AGE (In years			IDER 24 HR
Male	White	WIDOW			une 4, 1896	5	lost birthday)	Manths [Doys Hou	rs Min.
0a. USUAL OCCUPAT	ION (Give kind of work in rking life, even if retired	ione 10b	KIND OF BUSINESS O					12 CITIZ	EN OF WHA	T COUNTRY
Driver	rking life, even if retired		Trucking		Severn,				U.S.	٨
3. FATHER'S NAME			W. A. CARLAND	11	4. MOTHER'S MAIDEN		ara		Us. Us.	
John Hood					Donatta T.	ad man O to				
	ER IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO	17 INFO	Rosetta Lo	JWINSLI	Add	FP35		
Yes no, or unknown)	of yes, give war or dates of s	scaton)								
Yes	WW I	12	<u> 19-16-0963</u>	Clin.	Rec.VAH,Bal	ltimore	=_18,Md.F	t.Howa	rd Di	<u>visio</u>
gave rise to cause (a), stating	Conditions, of ony, which gave rise to immediate cause (a), stating the under lying cause lost. (b) ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE UNKNOWN (c)									
CATIC	THER SIGNIFICANT CON	DIT ONS	CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TERM	MINAL D SEA	SE CONDITION GIV	'EN IN PART	PER	AS AUTOPS REORMED?
	VAS UNDERLY NG [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206, DE5	CRIBE HOW INJURY OF	CCURRED (Enter noture of injury in	n Port I ar Pa	rt II of item 18)			
ZOC TIME OF NIL	10	White	NJURY OCCURRED Not while t of work		OF INJURY (Home, for r, street, affice bldg., e		y or tawn)	{Co	ounty)	(Stoti
saw the dece	at (1) (this haspital									
22c PHYSICIAN'S	saw the deceased affive ad ugust 14 19.60, and that death occurred at 1:25 from the causes and on the date stated above 220 S GNATURE M.D. PHYS. MED STAFF BY 15/60 220 ADDRESS									
NAME (Type)	REDERICK S.	DONA:	LDSON. M.D.		WAH BALTIM	रा चवर	MD Em tr	CONTO	DTITO	TANK
					MAH BALTIMO					
REMOVAL (Specifical)	ON, 236 DATE THEREC	-60	Baltimore		mal Cemete.		TION (City fown of 1881)			itate)
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		25a REC	C'D BY REGIS	TRAR . 25b. REGI	STRAR'S SIGI	NATURE	
Win. Cook-B	light, Inc.	5009	Harford Rd	Balto		AUG 2	4 60	J 1 2 2 2	3 / Luna	

D FUNERAL DIRECTOR. Af Whis certificate has been signed by the ottending physician and campletely filled in by the funeral Uniform page 3 should be detached for use as the burial-transit perm. I Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, with in 72 haurs offer death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death for offending physician. TO HOSPITAL OR ATTENDIN may be remined by the ho VR A15 (4) 15M 9/59





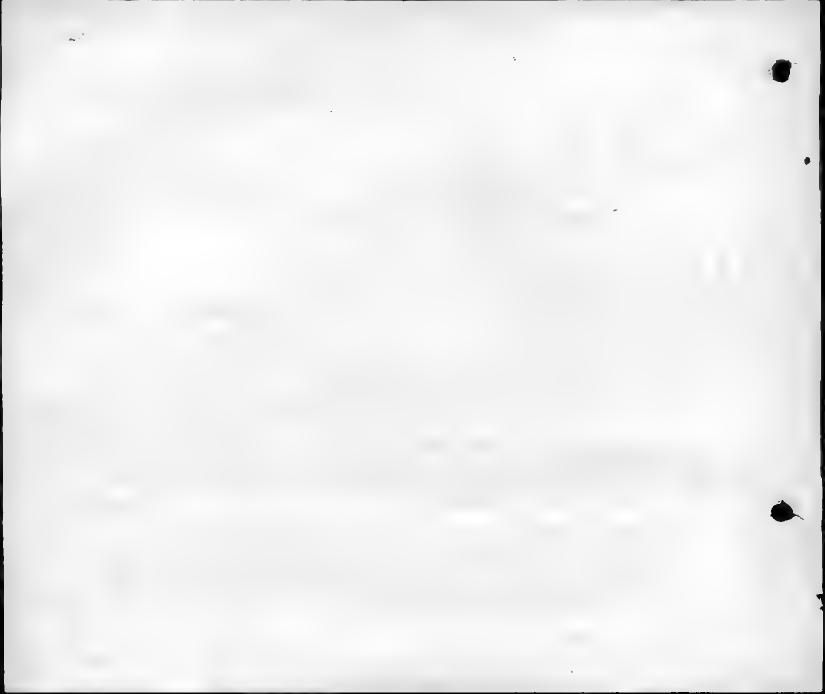
MARYLAND STATE DEPARTMENT OF HEALTH OIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08834

100														
1	PLACE OF DEATH	79-311		MARYLA		o. STATE			d lived. If inst b. COUN		n Resider	nce befo	re admiss	ion)
l	b. CITY OR TOWN IF	Baltimore ouls de corporate limits, arest town)	write c	LENGTH OF STAY IN	1b	c CITY OR TO			rale límils, wn	te RU	RAL and	give nec	arest tawr	1)
	d NAME OF HOSPITA	Colge AL (If not in hospital, giv		dress)	1	Colga d. STREET AC 7287 Br	DRESS	od Dr	1170					HDENCE FARM?
3	NAME OF T	First		Middle	- 41	Lost	TARIA	4. DATE	4-1 4	Viont		-		Year
3	DECEASED (Type or print)		on S F	lutchinson		COST		OF DEATH	Augusi			Da }	′	19
5.	. SEX	6. COLOR OR RACE	MARRIED	NEVER MARRIED		ATE OF BIRTH			9. AGE (In ye last birthda	y) [Months	Days	Hours	ER 24 HRS. Min.
	male	TRILL CO.	VIDOWED			ov 13 1			_ <u> </u>	yrs.				
10	o. USUAL OCCUPATIO during mast of worki	N (Give kind of work doing life, even if retired)			INDUSTRY				ountry)		112 CIT	TIZEN OF	WHAT	OUNTRY?
-	_Butcher_		9	K Co	- 1,		yland							
13	B. FATHER'S NAME				1	4 MOTHER'S	NAIDEN N	AME						
	John W	Hutchinson				Marga	ret Y	oung						
15	. WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16. SO	CIAL SECURITY NO.	17 INFOR	THAM		0.00		Addn	05.5			
Ľ	res, no, or unknown	If yes, give wor or dates of sen	A 7 6		20.	NF		YY 4 1.	3 T	200	Dont	J	3 T	
F	LIV CAUSE OF DEAT	THE COLUMN TWO IS NOT THE PARTY OF THE PARTY	217	5 Q5 2566	- 11	r s Mar g	aret	Huter	inson7	SE!	Lrı		20 CL <u>-</u> ERVAL BE	rive
Н		TH [Enter only one cou: TH WAS CAUSED BY.	o parquite i	rat (0), (0), and (c) 1,	. 1	10	1	0 .	1			ONS	ET AND	DEATH
	PARI I. UCA	IMMEDIATE CAUSE (a)_	132	prount	44	170	1 6	227	err	10	ma		37	2.0
	1	DUE TO		2. 1	1	06	4	r.		-	1		1 1	
	Conditions, if an	y, which)	1/1	Markel	NP.	1132	271	J	2 25	34	Dry	R	57 4	222
	gove rise to in	nmediate (CUS TO		-12-12-12-12-12-12-12-12-12-12-12-12-12-	Lam C	Comment of the Commen					7			
	cause (a), stating t	he under (Due 10							,	V				
,	lying couse lost) (c)_												
CATION	PART II. OTH	ER SIGNIFICANT COND	IIIONS <u>COI</u>	NTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMA	NAL DISEAS	E CONDITION	GIVI	EN IN PAI	RI 1(a) 1	PERFC	RMED?
CEOTIE	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 12 CAUSE OF DEATH MEDICAL EXAMINER)	Ob DESCRI	BE HOW INJURY OCC	URRED. (E	inter nature of	injury in P	antlor Par	t II of item 18)				
ASENICAL	20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED Hour a m p. m 19 at work at work.													
	21 I certify tho	t (1) (this haspital)	ottended	4 . 1	.,		12	. ,	lang.					
	saw the deceas	ed olive an <u>ತ್ತಿಸಿಕಿತ್ರ</u>	5-1-6	19_6, U, and the	hot deat	th-6ccurred	ot	M, from	the causes	one	d on th	e date	stoted	above
П	229, SIGNATURE	1/8/	7 7.	*									22	b DATE SIGNED
	Jet in	11 LAPAR	3/1	2. 1. Klu	M D	PHYS	ME ME	ELCTOR .	PHYS					210,410
L	22 PHYSICIAN S		0	11.	7.1	22d ADDRES	/	, D	- fr					
	NAME (Type)	chn 14	36	2erbic	161	1185	* >	4	1. 7.1	۲		12	L	
2	30 BURIAL CREMATION REMOVAL (Specify)	23b DATE THEREOF		23c NAME OF CEMET Oak Lawn					TION (City, to timore	ζοο̈́	r caunty)		(Stat	re)
2	FUNERAL DIRECTOR	S SIGNATURE 15 /C	0	ADDRESS			25a, REC I	BY REGIST	TRAR 25h R	EGIS	TRAR'S SI	IGNATU	RE	
1		uneral Home	2112		ve									
							DATE AU	6 1 6 6	50	-44	thing of	The	AN	

DEVICE ALL DIRECTOR: After this certificate has been signed by the attending pysicion and campietely filled in by the funeral a Cross page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fined with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. or attending physicion. TO HOSPITAL OR ATTENDING may be retained by the he TO FUNERAL DIRECTOR: After VR A1S (4) 15M 9/59

PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death



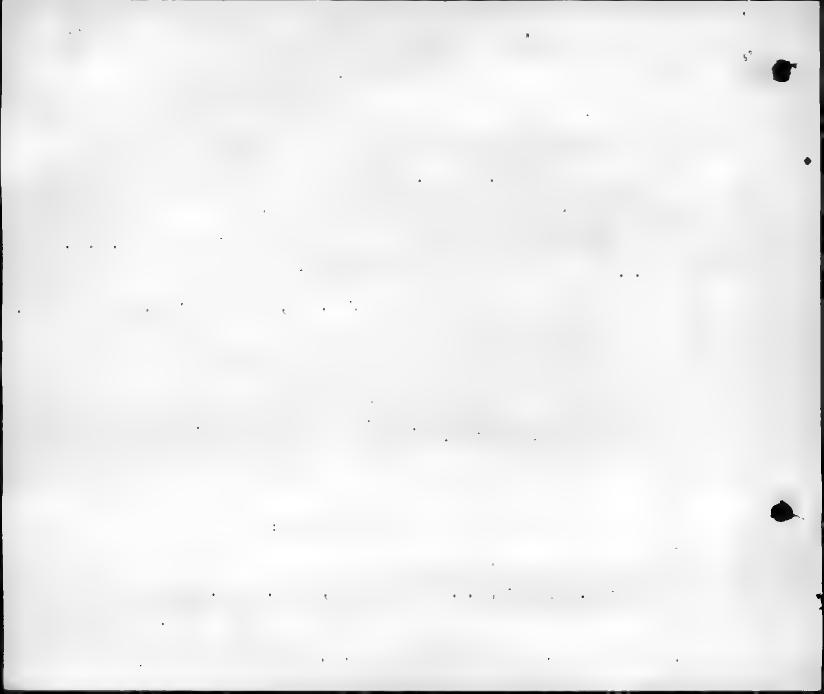
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

PACE OF DEATH COUNTY Baltimore COUNTY BAL	U	8864	08835						
BEALTIMORE (28) SAME OF STATE HOWARD STATE HOUSES 28 OVERDRORS 28 OVERDRORS		o COUNTY	MARYLAND	a. STATE		1			
A MAME OF MOSTRAL (If not in hospical, give unese address) ON MASSITUTION Veterans Administration Hospital 28 Overbrook Road ON AREA Veterans Administration Hospital 28 Overbrook Road ON AREA Veterans Note of the present of th		RURAL and give nearest town)		e CITY OR TOWN (IF ou	1.65	and give nearest town)			
S SEX 6 COLOR OR RACE 7 MARRED NEVER MARRIED & DATE OF BIRTH Male White Whose D North Married North Married State of State of State State of State State State of State Sta	,	d NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS					
Male White Whowes Whowes Male White Whowes Who of Bushes Male White Who of Bushes Male White Who of Bushes Mary and Machanist Mary and Machanist Railroad Rai		DECEASED			DEATH				
during most of working life, even if retired) Machinist - Retired Railroad Baltimore, Maryland U. S. A. Matilda Bachie 15. WAS DECASEDEVER IN U. S. ASMED FORESS 16. SOCIAL SECURITY NO. 17. INFORMANT YES WW IT 18. CAUSE OF DEATH [Enter only one course per line for (s), (b), and (c)] PARTI, DEATH WAS CAUSED BY Candidian, if only, which queve rise to immediate course (c). Infigure to many which queve rise to immediate course (c). ARTERIOSCLEROTIC HEART DISEASE PARTI, OTHER SIGNIFICANT COND I ONS CONTREUTING TO DEATH BUT NOT BELLIED TO THE TERMINAL DESASE COND I ON GIVEN N PART 100] 19 WAS ALTONS (E) PARTI, OTHER SIGNIFICANT COND I ONS CONTREUTING TO DEATH BUT NOT BELLIED TO THE TERMINAL DESASE COND I ON GIVEN N PART 100] 19 WAS ALTONS (E) PART II. OTHER SIGNIFICANT COND I CONS CONTREUTING TO DEATH BUT NOT BELLIED TO THE TERMINAL DESASE COND I ON GIVEN N PART 100] 19 WAS ALTONS (E) PART II. OTHER SIGNIFICANT COND I CONS CONTREUTING TO DEATH BUT NOT BELLIED TO THE TERMINAL DESASE COND I ON GIVEN N PART 100] 19 WAS ALTONS (E) PART II. OTHER SIGNIFICANT COND I CONS CONTREUTING TO DEATH BUT NOT BELLIED TO THE TERMINAL DESASE COND I ON GIVEN N PART 100] 19 WAS ALTONS (E) PART II. OTHER SIGNIFICANT COND I CONS CONTREUTING TO DEATH BUT NOT BELLIED TO THE TERMINAL DESASE COND I ON GIVEN N PART 100] 19 WAS ALTONS (E) PART II. OTHER SIGNIFICANT COND I CONS CONTREUTING TO THE TERMINAL DESASE COND I ON GIVEN N PART 100] 19 WAS ALTONS (E) PART II. OTHER SIGNIFICANT COND I CONS CONTREUTING TO THE TERMINAL DESASE COND I ON GIVEN N PART 100] 19 WAS ALTONS (E) PART II. OTHER SIGNIFICANT COND I CONS CONTREUTING TO THE TERMINAL DESASE COND I ON GIVEN N PART 100] 19 WAS ALTONS (E) PART II. OTHER SIGNIFICANT COND I CONTREUTING TO THE TERMINAL DESASE COND I ON GIVEN N PART 100] 19 WAS ALTONS (E) PART II. OTHER SIGNIFICANT COND I CONTREUTING TO THE TERMINAL DESCRIPTION OF THE		Male White WIDOW	ED DIVORCED	August 12, 18	9. AGE (In years left) last birthday) 61 yrs	nths Doys Hours Min			
John G.F. Ittner Is, WAS DECASSED VER IN U. S., ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECASSED VER IN U. S., ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address WW II Clim. Rec., VAH, Baltimore, 18, Md. FORT HOWARD DITTOR WW III INFORMANT Clim. Rec., VAH, Baltimore, 18, Md. FORT HOWARD DITTOR NO. STEEL AND DEATH BUT NOT RELATED TO THE PROPERTY RECENT INTERVAL BETWEEN RECENT REC		during most of working life, even if refired) Machinist -Retired F		Baltimore	, Maryland				
The continue of the part Continue of the	I	John G.F. Ittner		Matilda I	Bachie				
PART I. DEATH WAS CAUSE (a) BOLKOCK Conditions, if ony, which gave rise to immediate course (a), deling the under		(Yes, no, or unknown) (If yes, give wor or dates of service)				FORT HOWARD DIV.			
GOVERNING THE TO IMMEDIATE COURSE (c) ARTERIOSCIEROTIC HEART DISEASE Unknown Part II. OTHER SIGNIFICANT COND TONS CONTR BUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE COND TON GIVEN N PART II. PART II. OTHER SIGNIFICANT COND TONS CONTR BUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE COND TON GIVEN N PART II. PART II. OTHER SIGNIFICANT COND TONS CONTR BUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE COND TON GIVEN N PART II. PART II. OTHER SIGNIFICANT COND TONS CONTR BUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE COND TON GIVEN N PART II. PART II. OTHER SIGNIFICANT COND TONS CONTR BUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE COND TON GIVEN N PART II. PART II. OTHER SIGNIFICANT COND TONS CONTR BUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE COND TON GIVEN N PART II. PART II. OTHER SIGNIFICANT COND TONS CONTR BUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE COND TON GIVEN N PART II. PART II. OTHER SIGNIFICANT COND TON SCORE BLT NOT RELATED TO THE TERMINAL D SEASE COND TON GIVEN N PART II. PART II. OTHER SIGNIFICANT COND TON SCORE PERFORMED. PERFORMED.		PART 1, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CER	ONSET AND DEATH						
ACUTE and Chronic Pyelonephritis. Henal Abscesses, Multiple. Acute and Chronic Pyelonephritis. Henal Abscesses, Multiple. To Acute and Chronic Pyelonephritis. To Acute Acute Acute and Indianal Poil of Park		gave rise to immediate cause (a), stating the under-	gave rise to immediate couse (a), stoting the under:						
21 I certify that (1) (this haspital) attended the deceased fram. July 16 19.60, to August 19. 100, that (1) (we) los sow the deceased give an August 19. 1960, and that death accurred at 2. M, from the causes and on the date stated above 22-5ignature 22-5ignature 22-5ignature 22-5ignature M.D. Attending MED DIRECTOR STAFF 8/19/6 22-22- PHYSICIAN'S NAME (Type) PHYS X 22-25ignature 22-25ignature NAME (Type) 22-25ignature NAME (Type) 22-25ignature NAME (Type) 22-25ignature NAME (Type) 22-26-26-26-26-26-26-26-26-26-26-26-26-2	L,	Chronic Hemorrhagic Cys	nephritis. Rena titis.	.l Abscesses,	Multiple.	PERFORMED?			
sow the deceased drive an August 19 1960, and that death accurred of A M, from the causes and on the date stated above 22-Signature 23-Signature 23-Signat		20c. TIME OF INJURY Manih, Day, Year 20d. I Haur o m. While p. m. 19	Not while foct			(County) (State)			
ATTENDING MED DIRECTOR STAFF MODIFIED MAD DIRECTOR MED DIRECTOR MED		saw the deceased arive an August	ded the deceased fram. 1960 , and that de			n the date stated above			
Burial (Specify) 8-22-60 Loudon Park Cemetery Frederick Rd., Baltimore, Maryla 224 FUNERAL DIRECTOR'S SIGNATURE 6000 Harford Bond Polity 1250. REC D BY REGISTRAR'S SIGNATURE		22c PHYSICIAN'S NAME (Type)	John Strategies and S	A.D PHYS DIR		8/19/60			
To a Day of The 6000 Herrford Bond Toller to	1	230 BLRIAL CREMAT ON 236 DATE THEREOF BUTTAL (Specify) 8-22-60			23d LOCATION (C ty lown or co Frederick Rd., B	altimore, Marylan			
				14- 142					

may be retained by the ne are attending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached far use as the burial transit permit. Them please remaye carbon papers. Pages 1 and 2 shauld be the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO HOSPITAL OR ATTENDING VR A1S (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

08836

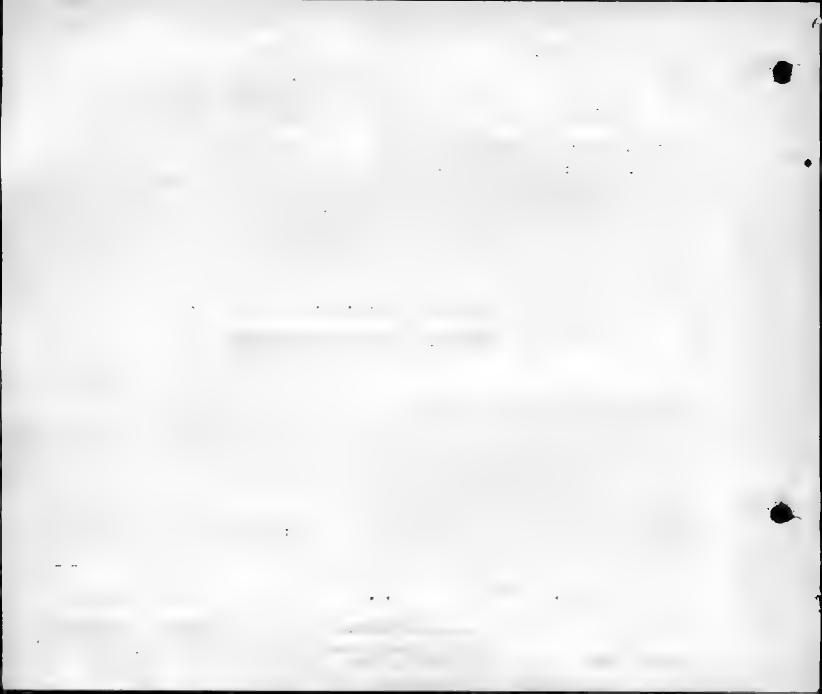
	0005	CERTII	ICATE	OF DE	ATH	at		1,0	1000
1 PLACE OF DEATH o, COUNTY	-0001-	- + + + + + + + + + + + + + + + + + + +	2	USUAL RESID	ENCE (Who	re deceased live	f. If institution	Residence be	,
BALTIN	MORE	MAR	YLAND		RYLAN	D	p COUNTY		٧
b. CITY OR TOWN (If or RURAL and give near	utside corparate limits was lown)	rite c LENGTH OF STAY	'IN 16	c. CITY OR TO	OWN (If or	itside corporate l	mits, write RU	RAL and give n	searest town)
FORT I	HOWARD	105 DAY	S		LTIMO	RE		1 - 21 -	2 2
OR INSTITUTION	(If not in hospital, give s	reet address)		d STREET AD	DDRESS				e. IS RES DENCE ON A FARM?
		TON HOSPITAL		70)5 PIN	ALLEY			YES NO
3. NAME OF DECEASED Served (Type or pr of)	As: Calvin	Middle		Jarrett JARAD		4. DATE OF DEATH	Month AUGUS	<u> </u>	Day Year 5 1960
_	4 4 7 4 4 4 7	MARRIED 📑 NEVER MARRI		DATE OF BIRTH	-0	9. At	il birthday)	Months Days	AR IF UNDER 24 HE Hours Min.
male		OWED DIVORCE		AY 18,	1899		61 yrs		
10a USUAL OCCUPATION during most of working	(Give kind of work done life, even if retired)						1		OF WHAT COUNTR
Laborer		Trucking C		Texas	_*	yland		USA	
	Town d								
Charlie I		16 SOCIAL SECURITY NO) 17 INFO		le Gib	105	Addre	H1	
	we, give war or dates of service)	None .			TAU Do	1+6 18			Divis iô n
		per line for (a), (b), and (c)		II.Nec.y	An De	100 10,	Mu ro		TERVAL BETWEEN
PART I, DEATH	WAS CAUSED BY:		*		CO-00 1 0 4			IÓI	NSET AND DEATH
1/30	AMEDIATE CAUSE (a) DUE TO	SARCINOMA O	E. TOWC	MITH	ALM ALMA	ANES			UNKNEWN
Conditions, if ony,	ushink Y								
gove rise to imm	rediote (
cause (a), stating the lying cause last.	(c)								
PART II OTHER Y 200 ACCIDENT WAS I OR CONTRIBUTING D II IF EITHER, NOTIFY ME	SIGNIF CANT CONDITION	ONS CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO	THE TERMIN	NAE DISEASE CO	NDITION GIVE	N IN PART 1(0)	PERFORMED?
	CAUSE OF DEATH	DESCRIBE HOW INJURY O	OCCURRED (Enter nature of	injury in P	art I ar Part To	item 18)		
20c. TIME OF INJURY Hour a. m.		Od INSURY OCCURRED		OF INJURY IN		20f (City or to	wn)	(Count	ly) (Sle
p. m.		Vhile Nat while t work at at work							
21 1 certify that ((this haspital) at	tended the deceased	from Ap	ril 22	_, 195	O , loAugi	1st 5	19_60	that (\$\times (we) la
saw the deceased	I alive on Augus	t 5 1960, and	that dea	th accurred	4:15	Mfram the	causes and	d an the da	ite stated abov
22a SIGNATURE	(1)	C 1/. 1.	1.	ATTENIDING	ME	0 61	A.D.C.		226 DATE SIGNI
	and	6. Koulon	XUGME				ivs XX		8-7-60
22c. PHYSICIAN'S NAME (Type)	UL G. KOUKS	TITAR 1,2	M B	22d. ADDRE	ss BALTC	18. MD	אים דיים	ARD DIV	ITSTON
230 BUR AL CREMATION		23c NAME OF CEM	AFTERY OR C			23d LOCATION			(Stote)
REMOVAL (Specify)	8/10/61	BATTTATAT	NATTO	WAT.		RATA	TMARE	MARY	T.AND
24 FUNERAL DIRECTOR'S S	GNATURE	ADDRESS	· AMBOLIAN	Ann	250 REC'D	BY REG STRAR	25b, REGIS	TRAR'S S GNAT	TURE
George W Que	en	Reltimere	vette	AAe	DATE AU	G 9 '60	C 1.	chun I. Ha	aus.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the high or offending physician.

TO FUNERAL DIRECTOR. Af This certificate has been signed by the offending physician and campletely filled in by the funeral disclosing page 3 should be detached for use as the buriol-transit permit. Then please remove_carbon papers. Pages I and 2 should be filled with the State Board of Health prior to buriol, cremotion, or removal, and in any event, withfin72, hours offer death.

Ĭ,

VR A15 (4) 15M 9/59



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
* ee	SSGE CERTIFICATE OF DEATH (8837) Reg. Dist. No.
	1. PLACE OF DEATH a. COUNTY Daltmare MARYLAND 1. PLACE OF DEATH b. COUNTY
funero buid be	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 304 (If outside corporate limits, write RURAL and give nearest town)
by the	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3 / E- Circ in L. G. C. 2. 9.37 Elwridge Cive! on a farm? YES NO
filled in 24 ho	3. NAME OF DECEASED (Type or p(int)) Pathering. Jaras . Hat Death Day Year DEATH DEATH 1960
ed with pletely ers. Po	5 SEX 6. COLOR OR RACE 7. MARRIED DIVORCED B. DATE OF BIRTH 9. AGE (In years (I) UNDER 1 YEAR IF UNDER 24 HRS Last birthday) Months Days Hours Min 7 yes.
and cam	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BHRTHPLACE IState or fareign country) 12. CHIZEN OF WHAT COUNTRY? ALL CHIZEN OF WHAT COUNTRY? Lithuania
physician carb hour after	13. FATTER'S MAIDEN NAME Unknown Unknown
th certif ding phy sse remo	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT [You, no or unknown) 1919 yes, give wor or dates all served 215.054248 Petras Jaras 937 Churioly Cive
the dea e atten en plec ent withi	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COTOURCE UZ Tinh 19 120 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10
es that ed by th mit. Th any eve	Conditions, if any, which gove rise to immediate (b)
cian. cian. en signe ansit per and in	couse (o), stoting the under- lying couse tost. (c)
The faving physic has be urial-treemoval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.)
attendin reference or the b	OR CONTRIBUTING LI CAUSE OF DEATH IF ITHER, NOTIFY MEDICAL EXAMINER) IN TIME OF INJURY MADICAL EXAMINER)
G PHYS	Hour a. st. p. m. 19 White Not while of work at work at work at work.
TENDING The ho The ho toched buriol,	21. I certify that I attended the deceased from X-13-39, 1939, to way 29, 1969, that I last saw the deceased alive on way with 1200, and that death occurred at 1000 M, from the causes and an the date stated above.
OR AT ned by SIRECTO d be de prior to	ACTUAL SIGNATURE SIGNED - FIGURE M.D. 2030WCKenrase, Process 23
SPITAL be retain ERAL C 3 shoul gistrar	PHYSICIAN'S ALBICAS KLIMAS 229 BURIAL CREMATION, 226, DATE THEREOF 125, NAME OF CREMATORY OF CREMATORY OF CREMATORY OF COUNTY C
TO HO may TO FUN Page the re	Berick aug 4 1960 Lover an Park Frederick ave Battimor
VS A15 (4) 15M 9/55	Harles Machaus and 37 Wastebly Date 246. REGISTRAR 246. REGISTRAR S SIGNATURE



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08838
P P P	Reg. Dist. No.
em o	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY c. STATE f. COUNTY c. STATE f. COUNTY f.
5	DATIMERE MARYLAND PARYLAND BALLIMORE
	b. CITY OR TOWN (If ourside corporate I mils, write RURAL and give nearest town)
1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give steet address) d. STREET ADDRESS (e. IS RESIDENCE
y is no linecto Prior	35/3 E//EN ROAD 9513 E//EN Rd. VES NO BE
de la	3. NAME OF DECEASED First Middle Last 4. DATE Month Doy Year
UME OF THE OFFI	(Type or print) EARLY HYTER JOHNSON JA DEATH AUGUST 4 1960
# 4 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years In UNDER 1)4 AR IF UNDER 24 HRS
# 5 E E	THE While WIDOWED DIVORCED SETENDER 28 17/6 43 yrs.
ord die ord 3 y × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 ×	100 USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
on de la	DRIVER DATESMAN RICE'S DAKERY! MARY AND U.B.U.
# 1.00 %	13. FATHER'S NAME
2 8 8 8 (I)	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address
File po	[Yes, no, or unknown) [If yes, give wor or done of sennes]
1 1 2 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 PANCE DE DESTU (Este only and course our los for los (b) and los)
P. P	PART I, DEATH WAS CAUSED BY
For a secut	DUE TO
in It	Conditions, if any, which }
of be of being v	gove rise to immediate cause (o), stating the underlying DUE TO
hould alon bur	cover lost. (c)
9 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 #	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
5 0 0 2 B	YES NO DA
cert ner' ner'	20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of ilem 18.)
This of the state	CAUSE OF DEATH.
al Er	20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 120f. (City or town) (Caunty) (State) Hour a m. While Not while of work of
N S S	
P. P	21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [], and find that
	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
MEDICAL, infificate, to the Ch. DIRECTO	ACTUAL ACTUAL STATE SIGNED DATE SIGNED
MAE To DI T	SIGNATURE AUCLICE AND CHIEF MEDICAL EXAMINER TO
O DEPUTY Recute the cert forwarded to FUNERAL or removal.	EXAMINER'S NAME (Type) Clarence E. No Williams M. D. Cata peruty Medical Examiner D. Charges 4 1960
Cute forwer or re	220 BLRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF GREMATORY 22d. LOCATION (City, town, or county) (Stola)
5,250	Literial 8 8-1960 fondon fails fallo. Ma.
VS. A15ME(5)	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REG STRAR'S SIGNATURE ANG 9 '60 Children's Kinned
SM 9/55	Forum Byers 8728 hosty Kond DATE ANG 9 60 Collar & Trans
	Kandalistova, ma.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

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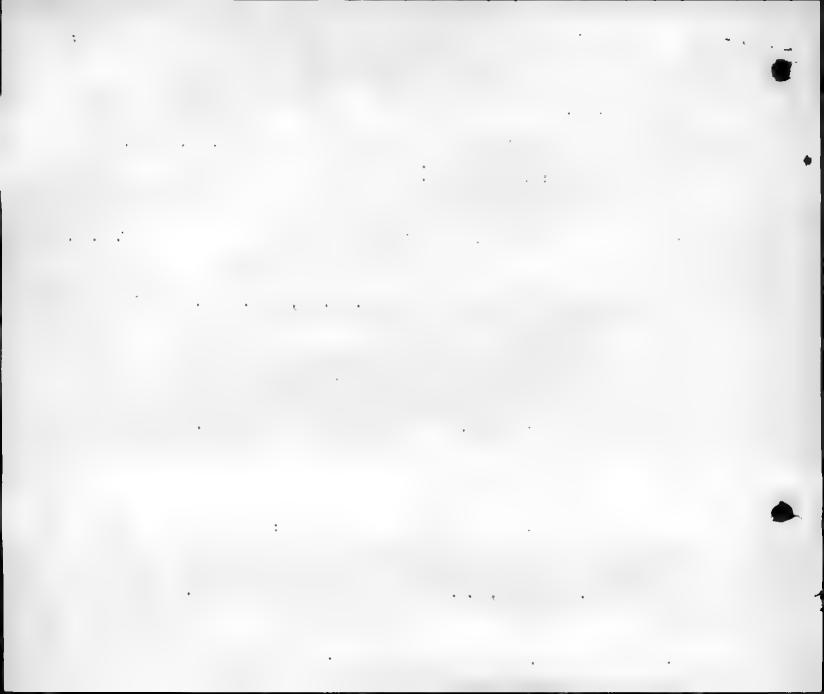
		8868	CERTIFICA	TE OF DEATH		40000					
1		PLACE OF DEATH COUNTY altimore	MARYLAND	2, USUAL RESIDENCE (Who state Maryland	ere deceased lived. If not but b COUNTY	r an Residence before admission) Y					
_/	ě	b CITY OR TOWN (if outs de carporate limits, wri RURAL and give nearest town)	te c LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corporate limits, write	RURAL and give nearest town)					
	F	ort Howard, Md.	7 Days	XBaltimore	(19)						
	-	d NAME OF HOSPITAL (If not in hospital, give sti OR INSTITUTION	reet oddress)	d STREET ADDRESS		e, IS RESIDENCE ON A FARM?					
	V	eterans Administration	Hospital	Millers Isl	Land Rd. (Bx.68	B,Rt.10) YES NO D					
		NAME OF William (Type or print) (Served as: Will	H ^{Middle} Liam H.	JONES Lost PROCASCO)	4. DATE Mo OF DEATH August	Doy Year 18 1960					
	S 5		AARRIED 🔼 NEVER MARRIED 🔲	B. DATE OF BIRTH	9 AGE (In years ugst birthday)						
	M	ale White wo	OWED DIVORCED	April 29,1891	+ 66 yrs						
	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	106 KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	ar foreign country)	12 CITIZEN OF WHAT COUNTRY?					
	Ca	rpenter	Construction	Pennsylva	inia	U. S. A.					
	13	FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME						
) c	harles Procasco		Rachel Jo	ones						
_/	15	WAS DECEASED EVER IN U.S. ARMED FORCES? I. no. or unknown) [If yes, give wor or dates of service]	16. SOCIAL SECURITY NO 17. H	NFORMANT	Add	dress.					
		es WW I	213-03-1563 C1	in.Rec.VAH,Bal	Lto.18,Md.FORT	HOWARD DIVISION					
		1B CAUSE OF DEATH [Enter only one cause p	er ne for (o), (b), and (c) }			INTERVAL BETWEEN					
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) BRONCHOPNEUMONIA										
		DUE TO ACUTE SUPPURANT PERITONITIS RECENT									
		Conditions, it ony, which) (b)									
	gove rise to immediate couse (o), stating the under: DUE TO PERFORATED PEPTIC ULCER, DUODENUM										
		lying couse lost. (c)									
	PART I OTHER'S GNIF CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS A SOLITARY Cyst, left kidney. Arteriosclerotic Heart Disease. PERFORM TO ACC DENT WAS LINDED VING CI. 20th DESCRIPE HOW IN 18 P.Y. OCC. 188ED. (Enter notive of injury in Port I of Fire 18.)										
7	Š	200 ACC DENT WAS UNDERLYING [206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)									
	CERTI	200 ACC DENT WAS UNDERLYING [] 206 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	U (Enter noture or injury in)	rost (or rots it os nem to)						
	MEDICA.	Hour a, m. w	hile Not while fo	ACE OF INJURY (Home, form clory, street, office bldg., etc.	, 20F (City ar town)	(County) (State)					
	W	P. 7.4	work 01 work		1						
		21 I certify that (4) (this haspital) att	ended the deceased fram.	August 11 19	60 . to August 1	LB_, 1960, that (4) (we) last					
		saw the deceased alive an Augus	t 18 19 60, and that e	death accurred of	M, fram the causes a	nd an the date stated above					
		220 SIGNATURE	1 1 m	ATTENDING MI	ED STAFF	226 DATE					
		La Carella Contraction	-9,0012-	M D PHYS D	RECTOR PHYS 1	8/19/					
1		22c PHYS CIAN S NAME (Type)		22d. ADDRESS	MODE 18 ND 19	ODB HOLLADD DIVICION					
		FREDERICK S. DONALDSO			MORE TO MU. FO	ORT HOWARD DIVISION					
	230	BUR A. CREMATION, 236 DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY C		23d LOCATION (City, fown						
	_	Burial 8-22-6			ry Baltimore,	_Maryland					
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			GISTRAR'S S GNATURE					
	Ţ	Wm.Cook _Blight,Inc.,60	09 Harford Road	,Balto.14 DATE AU	62460 ,7	in 8 Kines					

by the funeral a char, d 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour may be retained by the hold of a cattending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the State Board of Health prior to burial, cremation, an remayal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

X 1 X 1 X 1 X 1 X



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

ADDRESS

OCO AA

256 REGISTRAR'S SIGNATURE
CITCHIAN S. FLAMA

250 REC'D BY REGISTRAR AUG 3 1 '60

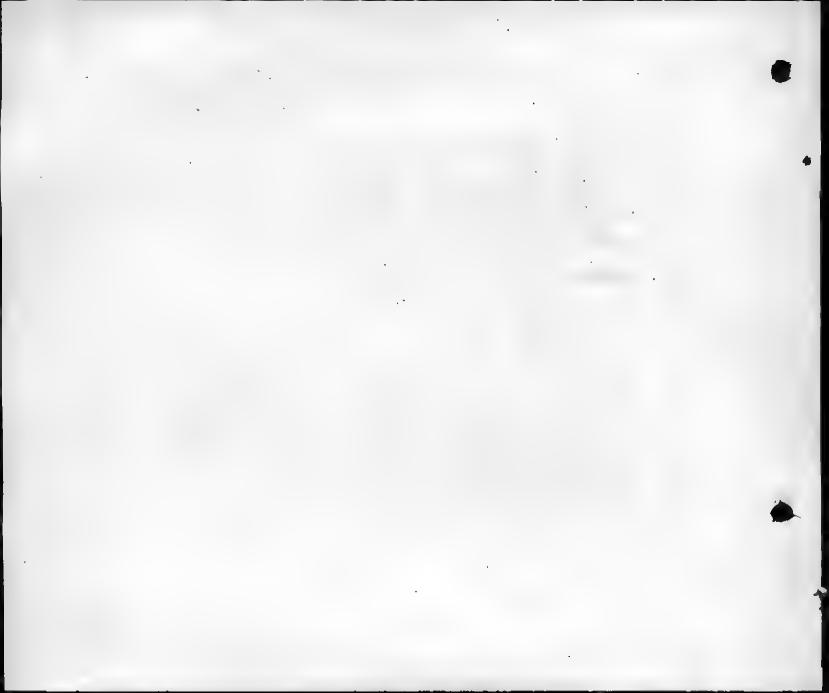
24 BUNKRAL DIRECTOR S SIGNATURE

	0000	CERTIFICAT	E OF DEATH		1158811
1. !	PLACE OF DEATH COUNTY BUTTONS	Co MARYLAND	g. STATE	re deceased lived If institution. Reside b. COUNTY Ba	nce befare admissian)
ı	b. CITY STOWN (It outside corporate I m is write RUAs and as theorem town)	c LENGTH OF STAY IN 16	CITY OR TOWN (If ou	tride corporate limits write RURA, and	give negrest town)
£ -	ON NSTITUTION HOSPITAL (If not in hospita, g ve street	address)	d. STREET ADDRESS	6-8	e IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	HAYES	Cost	OF DEATH Aug.	28 1960
5 :	Male White wildows		May 1 /	9 AGE (In Cars last birthday) Manths	R I YEAR IF UNDER 24 HRS Days Hours Min
10a	USUAL OCCUPATION (Give kind of work done 10b, during prost of working use, exen if refired)	KIND OF BUSINESS OR INDUSTI	RY 11 ENTHPLACE (State o	foreign country) 12 CII	U. S. W.
Ł	Prendemus	Kaner	14. MOTHER'S MAIDEN NA	Heller	
,Y•	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or unknown. [If yes gave wor or dates of service	SOCIAL SECURITY NO 17 INFO	ORMANT SYLVES	N Conv. He	me Rec
	Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-</u>	PREPRIO	SELERIFI OFFER		ONSET AND DEATH
CATION	PART II. OTHER SIGNIF CANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	ial disease condition G ven in Pa	RT I(a) 19 WAS AUTOPSY PERFORMED? YES NO
CERTIFI	206 ACCIDENT WAS UNDERLYING 206 DES- OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in Po	art I or Part II of item 18)	
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d II Haur a.m. 19 While p. m. 19	Nat while facto	E OF INJURY (Home, form iry, street, office bldg , etc.)	20f. (City or town)	(Caunty) (State)
	that (I) (we) last the date stated above				
	220 SIGNATURE 27c PHYSICIAN'S NAME (Type)	Mar ×	D ATTENDING MET PHYS DIR	STAFF ECTOR PHYS	226 DATE SIGNAD
	SONN HOSEA	w m.n.	5800 €	OWNER USON WA	C. 0001.18,1
	REMOVAL (Specify), 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (C ty lawn, or county)	(State)

formalely filled in by the funeral compagners Pages 1 and 2 should be filled in 24 hours ofter death. PHYSICIAN: The law requires that the death certificate be executed may be revained by the horal are attending physicion.

TO FUNERAL DIRECTOR: After his certificate has been signed by the ottending physicion and page 3 should be detached for use as the buriol-transit permit. Then please remove carban to the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 has TO HOSPITAL OR ATTENDING

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08841

arthur S. Frank

	881	11	CERTIFI	CATE O	F DEATH	1		Reg. D	ist. No.	011	
1. PLACE OF DE.	Balto.		MARYLAI	n STAT	RESIDENCE (WI	here decease	d lived If institute b. COUNTY		nce befor	re admiss	ian)
5 CITY OR TO RURAL and CE	OWN (If outside corporate limits give nearest town) LONSVILLE	, write c. LE	NGTH OF STAY IN	and the same of th	or town (If a atonsv		orate limits, write l	RURAL and	g ve neo	rest town	0
d. NAME OF OR INSTITU	HOSE TAL (If not in hospital, given 1710) 20 Beaumont		55)		Beaumo	nt Av	70.			ON A	PDENCE FARM?
3 NAME OF DECEASED (Type or print)		illia		Kemp	Last	4 DATE OF DEATH	Aug	us t	23,	196	Year P
5. SEX	W	WIDOWED [NEVER MARRIED DIVORCED	Dec.	16,18		9. AGE (In years last birthday) 68 yrs	Months	Days	Haurs	Min
	UPATION (Give kind of work do of working life, even if retired) 1 Nurse-Ret. ME		to. City	7	Md . HER'S MAIDEN !		country)	12. C1	TIZEN OF	WHAT C	OUNTRY
	ncis S. Kemp				Agnes	L. Di	ffutt			, .,	
15. WAS DECEAS	EDEVER IN U. S. ARMED FORC	E5? 16. SOCIA	AL SECURITY NO	Miss M	aryL.	Kemp-	-20Beaun		Ave		
Condition gave rise	DEATH Enter only one could be an immediate Due to D	e per line for	(a). (b). and (c).] Non Or mie (M	y Oc	cluse Jan 7	on	2 Cafern		INTE ONLY	ERVAL SEE	TWEEN DEATH
'y ng caus	tating the <u>under.</u> tast. {c)_ III. OTHER SIGNIFICANT COND	CICILONS CONTE	TALLEE	BUT NOT RELATI	ED TO THE TERM	CLST INAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(a) /1	PERFO	AUTOPSY PRMED?
200 ACCIDE OR CONTRIE (IF EITHER, N	NT WAS JNDERLYING THE LITTING CAUSE OF DEATH COTIFY MEDICAL EXAMINER)	Ob DESCRIBE	HOW INJURY OCCI	URRED (Enter nat	ure of in vry in	Part I or Pa	rt II af item 18)				
20c TIME OF Haur			Nat while		office bldg , etc)	y or tawn)		(Caunty)		(State)
21. I certify that I attended the deceased from June , 19 35, to august 23, 1964 that I last saw the dece alive an august 27 M, from the causes and an the date stated at ADDRESS (Street, city or town, state) ACTUAL SIGNATURE William City (Abustable)											
PHYSICIAN'S NAME (Type	INGIVE	be	eFor	<u> </u>							
REMOVAL CRE Buria	pecify)		name of CEMETE athedra		RY		alto. Mo			{Stat	e)

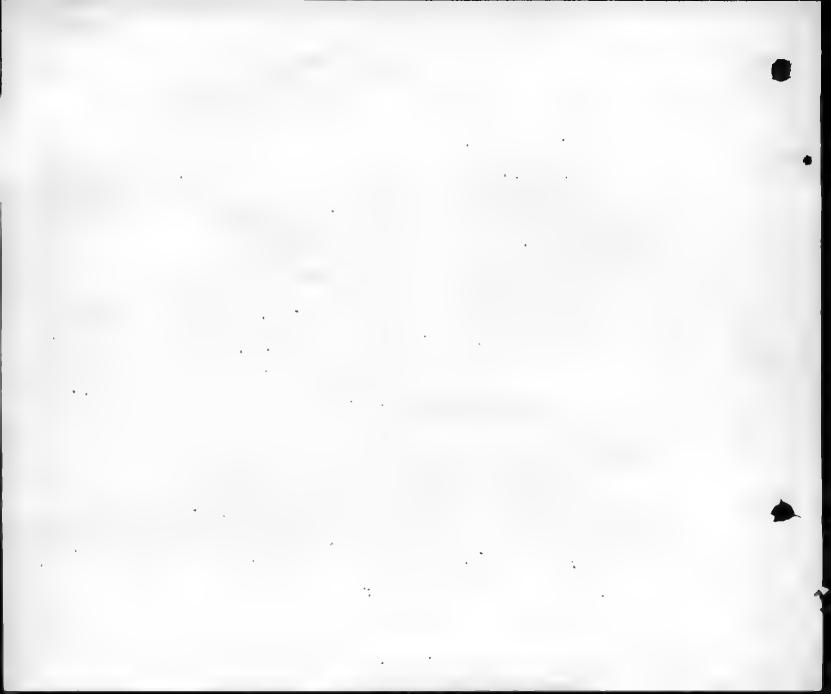
PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death may be retained by the ht. It attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funera page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar priar to burial, cremation, or remaval, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDIN VS A15 (4) 15M 9/58

13

Farley Funeral Home-Catonsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Retidence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES 🗍 NO 🗓 4. DATE Middle First Year DECEASED (Type or print) DEATH 1964 5. SEX 6. COLOR OR RACE 7. MARRIED 9. AGE | n years IF UNDER TYEAR NEVER MARRIED | 8. DATE OF BIRTH IF UNDER 24 HRS. Months WIDOWED AT DIVORCED [yes 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ģ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LUNK NOWN CENTROUN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couts per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OCA-RDIAL 3411N IMMEDIATE CAUSE (o) **DUE TO** LATERIUS LEAGUE LARDICIASSULAR gave rise to immediate course **DUE TO** (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION G VEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? NO C 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of Item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour While Not while at work of work p m. 2). I certify that I taak charge of the remains described above, held an Autopsy ... Inspection P. death resulted fram: Natural causes 12. Accident , Suicide , Homicide , Undetermined cause ACTUAL DATE SIGNED

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

CHIEF MEDICAL EXAM NER

ASSISTANT MEDICAL EXAMINER

24a. REC'D BY REGISTRAR

DATE AUG 2 4 '60

22d LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATURE

(Stole)

DEPUTY MEDICAL EXAMINER TH

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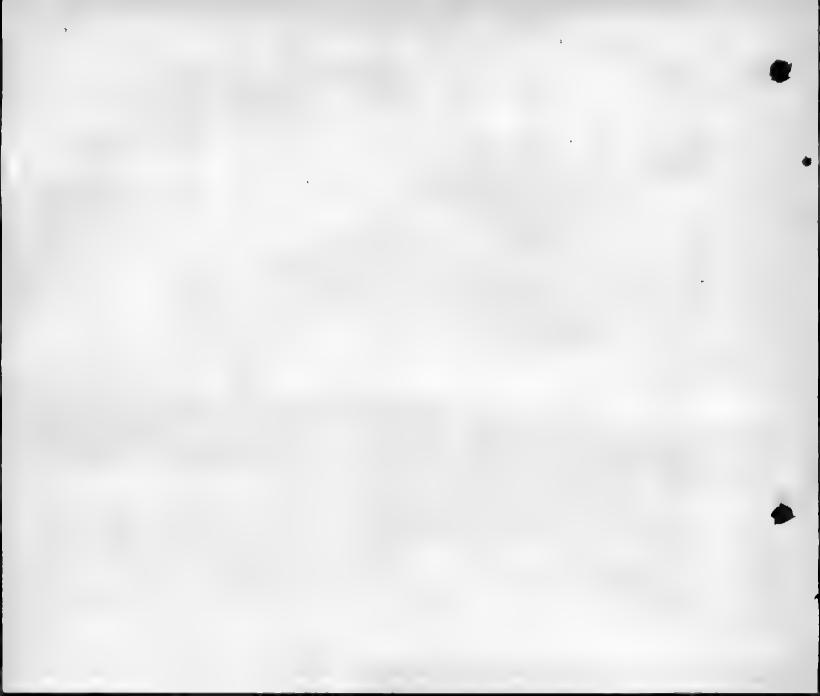
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SIGNATUR

NAME (Type)

220 BURIAL CREMATION, 225, DATE THEREOF

23/FUNERAL DIRECTOR'S SIGNATURE



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
	8872 CERTIFICATE OF DEATH Reg. Dist.	()8843					
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1. PLACE OF DEATH COUNTY Baltimore MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If imstitution: Residence of STATE MD. B. COUNTY BALL	before admission)					
In I	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) MIDDLE RIVER C. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) MIDDLE RIVER Balt	e nearest town)					
by the	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION LVyHall Convalescent Rome d STREET ADDRESS 611 5. 40=5t. 19 /Harrison Ave+20	IS RESIDENCE ON A FARM? YES NO					
illed in	3. NAME OF First Middle Lost 4. DATE Month OF DEATH AUG	Doy Year 22 160					
d within sletely fi	MARKET TO THE PROPERTY OF THE	YEAR IF UNDER 24 HRS Bys Hours Min					
d comp n paper leath.	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZE during most of working life, even if refired)	EN OF WHAT COUNTRY?					
ale be i	13. FATHER'S NAME LLOYD, 14. MOTHER'S MAIDEN NAME UNKNOWN,						
ng physics remove 72 hours	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address // S. ANNA K. MEISENHALDER BALT						
death ce	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH					
that the by the it. Their y evening	Conditions, it ony, which) Bourgrane left fort	8 mo					
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physicio os been ol·frons avol, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) IP WAS AUTOPSY PERFORMED? YES NO P					
AN: The	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 20g. ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING OF CONTRI						
al or other security	20c TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED Hour o. m. 19 While Not while of work o	inty) (Stole)					
had for riol, cre	21. I certify that I attended the deceased from ayor. 28, 1958, to any 22, 1960 that I la alive an one 5, 1960, and that death occurred at 1 1010 M, from the causes and on the	st saw the deceased					
ATTEN by the ECTOR: e deface or to bu	ACTUAL SIGNATURE JORNAL NEXCEL MD 108 3. Day for aux	DATE SIGNED					
TAL ON retoined AL DIRI	PHYSICIAN'S JOSEPH MICELIM.D. Sorry 21 lind.						
HOSPI noy be FUNER age 3 s	220 BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OF CREMATORY 220 LOCATION (City, IOWN, or county) REMOVAL (Specify) BURIAL 3-25-60. OAK LAWN CEM. 7225 EASTERN BI	(State)					
VS A15 (4) 15M 10/57	23 SUNERAL DIRECTOR'S SIGNATURE 6224 E ARDRESS RN AVE. 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGN Charles of the Company of t	al .t					

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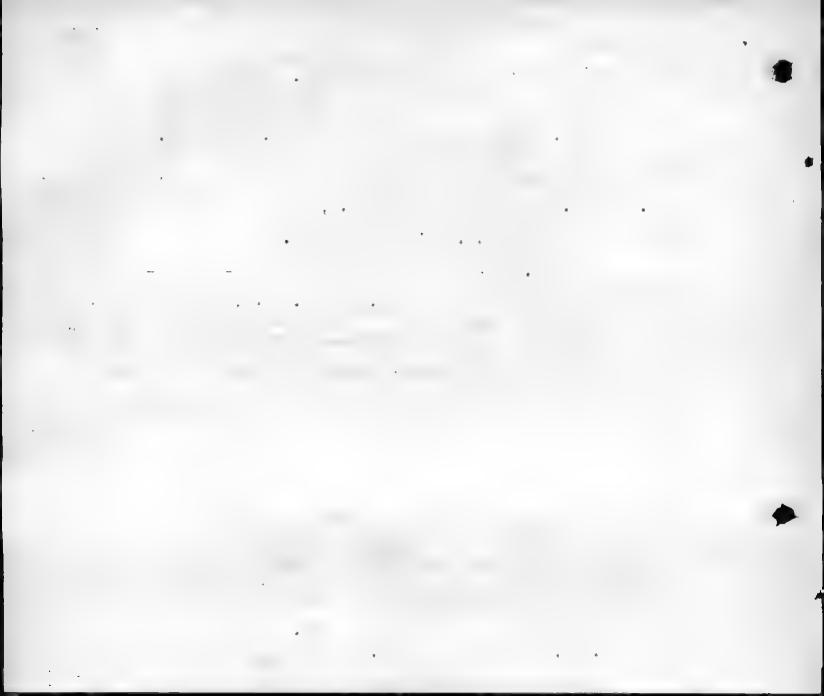
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1. PLACE OF DEATH Baltimore	MARYLAND 2 USUAL RESIDER O STATE Md	ICE (Where deceased lived If b C	Institution Residence before COUNTY	e odmission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Relay	5.0	VN (If outside corporate limits, lay	, write RURAL and give near	rest town)
or INSTITUTION 501 S. Rolling Rd	150	1 S.Rolling		IS RESIDENCE ON A FARM2 YES NOT
NAME OF DECEASED (Type or print) Robert Winfi		4 DATE OF DEATH	Month Doy	1960
5 SEX 6 COLOR OR RACE 7 MARRIED NEVER WIDOWED D	Mar.3.18	90 9. AGE (I	In years IF UNDER 1 YEAR Months Days	Hours Min
Our USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrician U.S.Go	v°T M	d	USA	WHAT COUNTRY?
13. FATHER'S NAME Robert T. Keyes	14. MOTHER'S M	aiden name ergeret		
S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUL	RITY NO 17, INFORMANT		Address Belmore Rd.	LUTHERVIN
PART I DEATH WAS CAUSED BY. :MMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoting the under-lying couse last. (c)	retenine o	4. S. C	7. 1. 8	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				PERFORMED? YES NO TO
OR CONTRIBUTING CAUSE OF DEATH	NJURY OCCURRED (Enter noture of a	nury in Port I or Porl 1 of item	5 18]	
20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCUR Haur a.m. While Not while of work at wark	le factory, street, office b	me, farm. 20f (City or town)	(County)	(State)
21. I certify that (!) (this hospital) attended the decision the deceased alive an line 22 49 in 22a SIGNATURE 22c PHYSICIAN 5 NAME (Type)	and that death accurred and that death accurred ATTENDING PHYS 22d ADDRESS	MED. DIRECTOR D STAFF	$\frac{22}{2}$, $\frac{196e}{2}$, the uses and an the date	
REMOVAL (Specify) Burial 8/25/60 Ston			Mit.	(Stote)
Witzke Fun. Dir. 4101 Edmonds	Om ATTA	ATE AUG 2 6 '60	56 REGISTRAR'S SIGNATUR	

DEUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral of Petar, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and press, event, within 72 hours ofter death PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 31 ar attending physician. may be refer ned by the h TO FUNERAL DIRECTOR: After TO HOSPITAL OR ATTENDIT

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MARYLAND STATE DEPARTMENT OF HEALTH

RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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IF UNDER TYEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

UNITEDSTATES

S RESIDENCE ON A FARM? YES NO

Year

K. S. L.	
V	1 PLACE OF DEATH o. COUNTY 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission or STATE of the COUNTY b. COUNTY
	The said of the sa
)[b. CITY OR TOWN (if autside carporale limits, write RURAL and give nearest town) RURAL and give nearest town) Baltipore 12
	d. NAME OF HOSPITAL (If not in hospita, give street address) OR INSTITUTION 6. STREET ADDRESS ON A
1	3 NAME OF Effet Middle Last 4. DATE Month Day Y
	3 NAME OF DECEASED (Type or print) (FANA) IN A LAIA (FANA) IN A LA
-	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER
	FLAIALE NOTE WILLIAM DOWN DIVORCED SEPT 1, 18 16 Inst brinday Months Doys Hours
ľ	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO
	during most of working life, even I retired) 17 VALUE TRANSPORTED FUBLISHING VALUE TRANSPORTED ST
	13. FATHER'S NAME
	JOSEPH WILLS JANE THORNE
7	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes, give wer or dates of service) 214-343699 ARTHULLIAM AMALUM A
ľ	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BET
	PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (0) ONSET AND I CORONARY COR
	1 3 DUE TO
	Conditions, if any, which) (b) ARTLRI RILLER CALRETIC CARTIC-ALCOHOLDISTAN
	gave rise to immediate DUE TO
	couse (a), stating the <u>under-</u>
	lying couse lost) (c)
	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS A PERFOR YES.
	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home farm, 20f, (City or town) (County) Hour o m, p, m, 19 While Not while of work of work of work 19 Of wor
-	21 I certify that (I) (this haspital) attended the deceased fram. VSV 1. 1900, to 1100 that (I) (w
	saw the deceased alive an
	226 SIGNATURE , ATTENDING MED STAFF 1
	M.D. ATTENDING MED DIRECTOR D STAFF
	224 ADDRESS
	NAME (Type)

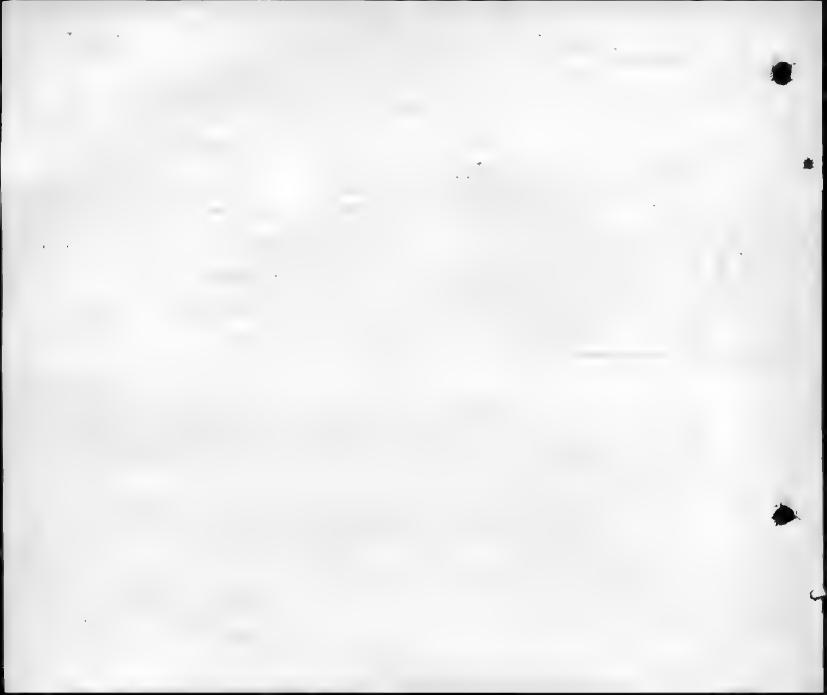
236 BURIAL CREMATION, 236 DATE THEREOF

REMOVAL (Specify) HURIAL

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CARTIC-ALLINI Diste	7)1.
THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED? YES NO
injury in Part I or Part II of stem 18)	
ome farm. 20f. (City or town) (Co bidg. etc.)	unity) (State)
19 , ta 19 19 19	
	275 DATE 5 GNED
1. 1. 1. S. 1. A. A. L. M. M. L.	
23d LOCATION (C ty, town, or county) BALTIMORE 25a REC D BY REGISTRAR 25b REG STRAR'S SIGN CARLANT A. 7	MATHRE

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the State Boar VR A15 (4) 15M 9/59

within 24 hours



1	1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	
	N.		8876 CERTIFICATE OF DEATH	118848 Reg. Dist. No.
) 3		PLACE OF DEATH COUNTY Baltimore Baltimore 2. USUAL RESIDENCE (Where deceased lived If ins o STATE Maryland b COU	
death.			b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Readshaw C. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Bradshaw	ite RURAL and give nearest town)
by the f	and the same	·	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Bradshaw Rd. Bradshaw Rd.	e is residence On a farm? YES () NO [
o 24 have illed in es 1 and	1		NAME OF DECEASED TOLIN First Louis Middle Roppleman OF DEATH A	Month 9 Day Year 196 =
d withir sletely f rs. Pag		5. 9	Male White Widowed Divorced July 4, 1891.	Months Days Hours Min
execute nd camp on pape death.		10o	USUAL OCCUPATION (Give kind of work done done done done done done done done	12 CITIZEN OF WHAT COUNTRY?
sicion or re corbo		13.	John H. Koppelman Anna Schaub	
rath certificate nding physicia ease remave a hin 72 havrs a			WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (In you, give wor or dotes of service) 213-36-8313 Mrs. Emma Koppelman Bradsh	Address
attendin			18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) My Carlind Luster Cause (b) Luster Cause (c) My Carlind Luster (INTERVAL BETWEEN ONSET AND DEATH
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AN: The ending p icate ha ike burio ar remo	.)			
HYSICI or attentis his certiff use as use as		MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a. m. p. m, 19 20d INJURY OCCURRED While Not while of work of wo	(County) (Stote)
ihe in its state of the state o	i.			es and on the date stated abave.
ined by DIRECTO			SIGNATURE William a. Jyson M.D. Kingsville, 1	41, 8-9-60
DSPITAL be reto NERAL e 3 shou egistror	13	720	PHYSICIAN'S NAME (Type) Wm. A. TVSON BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, to	own, or county) (Stote)
TO HOS may b TO FUN page	h	23		REGISTRAR'S SIGNATURE
VS A15 (4) 15M 10/57		1	isitive twise at 1707de 7 yel finish life DATE AUG 12'60	Cultur S. Thomas



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH · county b. COUNTY MARYLAND Manyland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outs'de corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Fort Howard 4 Days Ball timore d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION YES NO 1 1830 Gough Street Veterans Administration Mospital DATE Middle lost Month Year DECEASED DEATH (Type or print) ADA. S. KOZLOUSKI Au, ust 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE MARRIED T NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthday) Months Days Hours WIDOWED [DIVORCED [December 29, 1913 Tale 10a JSJA, OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Truck Oriver Trucking Bilexi, Hississippi 13 FATHER'S NAME Llanda Somuk Joseth Kozlowski 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 277-05-1771 Clintecords. JAH. Palto. .id. Ft Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unitrait JILLE TO LIJK, JAN Conditions, if any, which gove rise to immediate PURMUE cause (a), stoling the undertoc TTRAL LIS FICT MGY AND lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO CONCESTIVE HEART PAILINE 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) DICAL 20c TIME OF NURY Day, Year 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. Not while of work all work p. m. 21 I certify that () (this haspital) attended the deceased from Aurust 7 . 1960, to Aurust 11 , 1960. that () (we) ast saw the deceased alive an August 11 1960, and that death occurred 4:30 MP from the causes and an the date stated above 225 DATE 22a SIGNATURE SIGNED ATTENDING STAFF MED. 22d. ADDRESS 22¢ PHYSICIAN S NAME (Type) TA - P FOR HALTO D ET H. A.D DIVISICI 23g BUR A. CREMATION | 23b 8-16-60 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county)

ADDRESS

Balto. Md.

Um-Gook Blight Funeral Home, 6009 Larford Rd

TATT & DE

25g. REC'D BY REGISTRAR

DATE AUG 15 '60

256 REGISTRAR'S SIGNATURE

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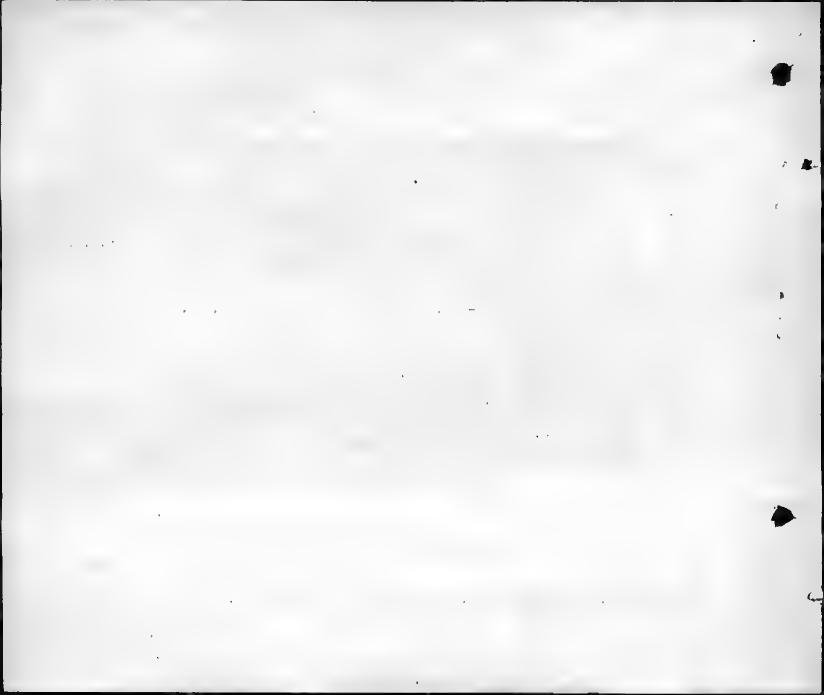
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Hartord Road

DATE AUG 9

Orthur S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that we may be retained by the hold of attending physician.

TO FUNERAL DIRECTOR: Affect this certificate has been signed by the page 3 should be detached for use as the burial-transit permit. The page 3 should be detached for use as the burial-transit permit.

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arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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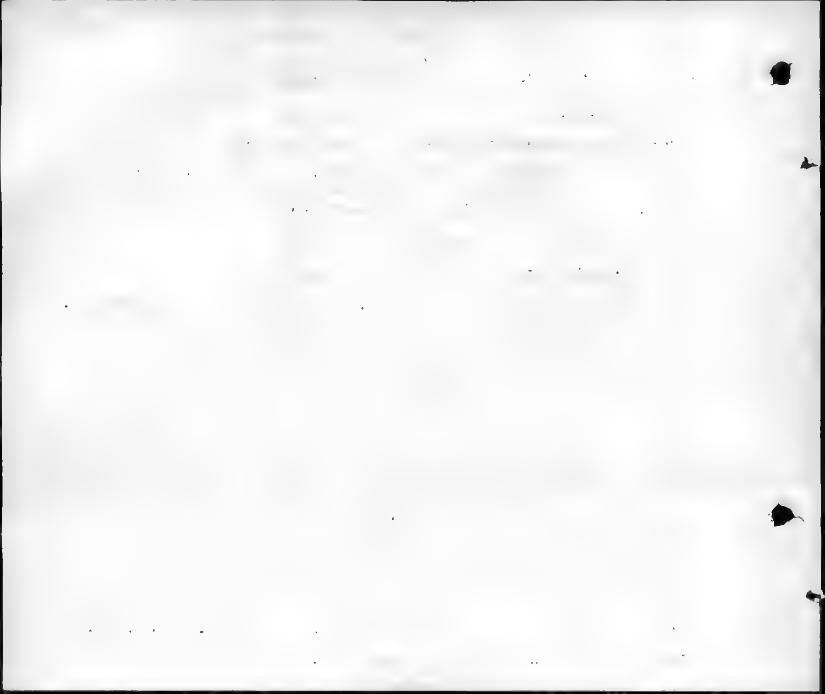
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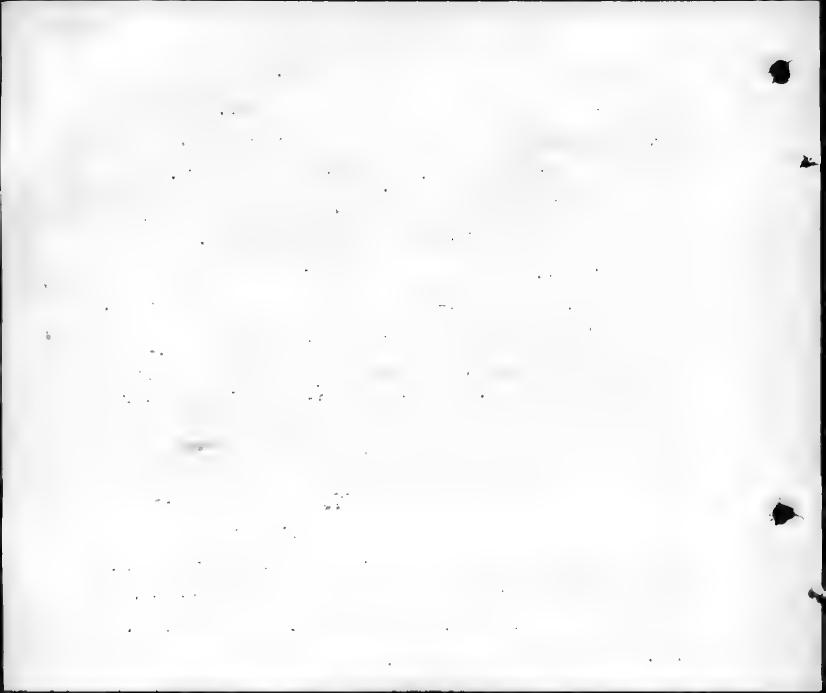


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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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PLACE OF DEATH	timore		MARYLANI	ll a	SUAL RESID	Md.	ere deceased li	ved If institu b. COUNT		ce before a	dmission)
b. CITY OR TOWN RURAL and give n		ts, write c. LEN	GTH OF STAY IN 18	э с.			utside corporat Pe Md.	e hmits, write	RURAL and a	give nearest	town)
d NAME OF HOSPI OR NST TUT ON AUS B	TAL (If not in hospital gurg Home	ive street oddress)			STREET AC 2627		land .	Ave.			S RES DENCE ON A FARM? ES NO
3 NAME OF DECEASED (Type or print)	In]		Middle J	Kuhl	emant	n	4. DATE OF DEATH	Aug.	27	Day	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRIED [] I	NEVER MARRIED	B. DAT	e of Birth	1979		AGE (In year last birthday)	Months		UNDER 24 HRS. ours Min.
10g USUAL OCCUPATION of working most of working most of working the second seco	ON (Give kind of work king life, even if retired	done 10b. KIND O	r Business Or ini tired	DUSTRY 1	_	CE (State of		d.	12 CITI	ZEN OF WI	HAT COUNTRY?
13 FATHER'S NAME				14.	MOTHER'S						
	atles F.	con II		INFORA		ry Sc	chulth				
(Yes. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of a NO	mrvice)	0-3187A		corde	3 6	811 C	ampfi	eld R	d.	
Conditions, if a gave rise to couse (a), stoting lying cause lost	immediate (Angino Acute_	Pector: Cardiac Uting to DEATH E	is Fa1	lure	with	Pulm			a 3	ALBETWEEN AND DEATH LIVE LIVE LIVE VAS AUTOPSY PERFORMED? ES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HO	OW INJURY OCCUR	RED (Ent	er nature of	injury in P	ort I or Part II	of item 18.)			
ZOC. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye	While No	CCURRED 20e.		F INJURY (H street, office		, 20f. (City of	town)	(0	County)	(State)
21. I certify that I attended the deceased fram. Me. 19. 19. 19. 10. to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.											
PHYSICIAN'S NAME (Type)	Earl ^L Cham	bers			4108	Lit	erty	Hgts	Ave,		
220. BURIAL, CREMATION REPORTS		0.0 0.1 1 1	AME OF CEMETERY			vill	22d, LOCATIO	Balto.			(State)
23. FUNERAL DIRECTOR	-	 167 Hari	Pond Pd			24a REC'O	BY REGISTRA		SISTRAR'S SIG		



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arthur S. Kraus

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2 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

(Stote)

22b DATE SIGNED

PERFORMED? YES NO

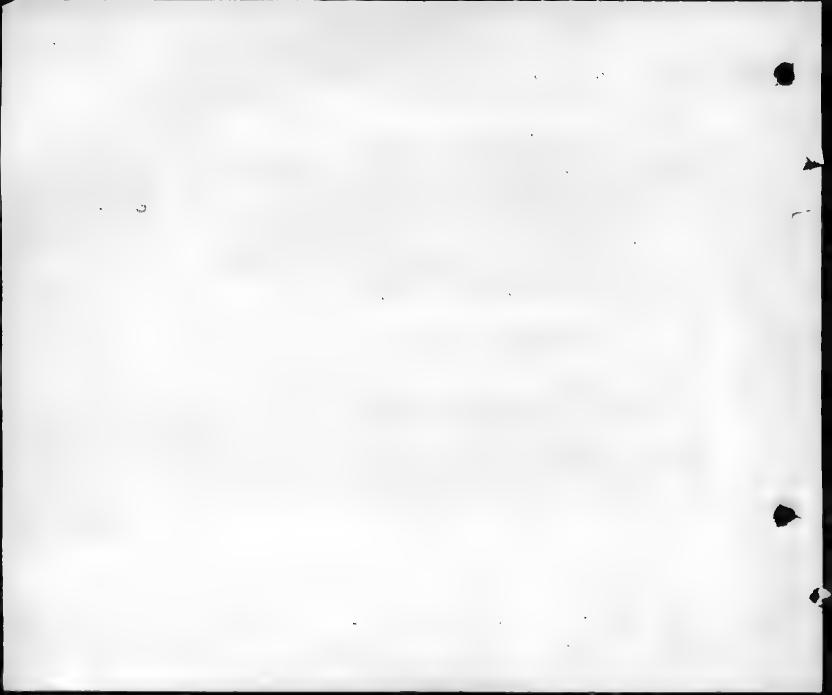
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e. IS RESIDENCE

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Year

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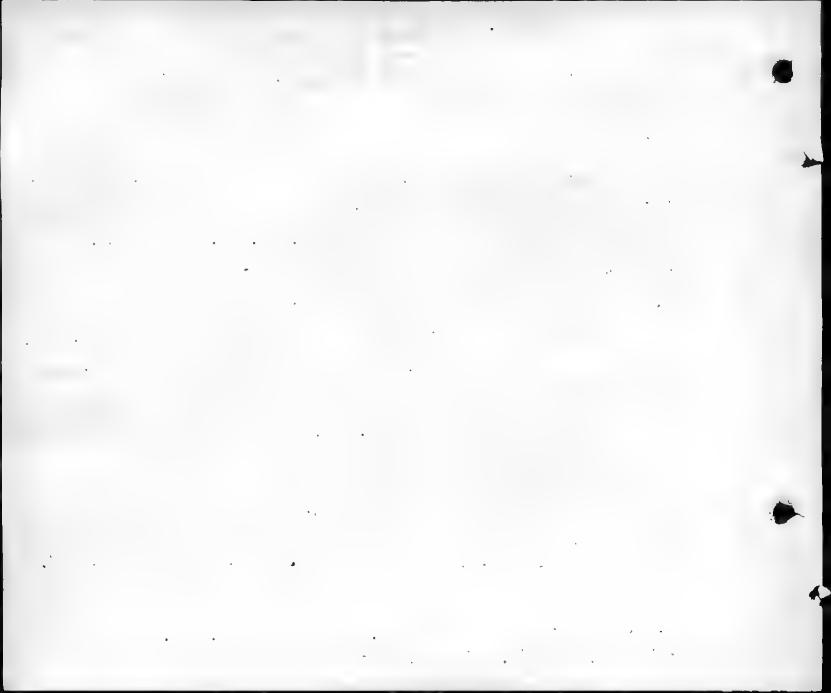
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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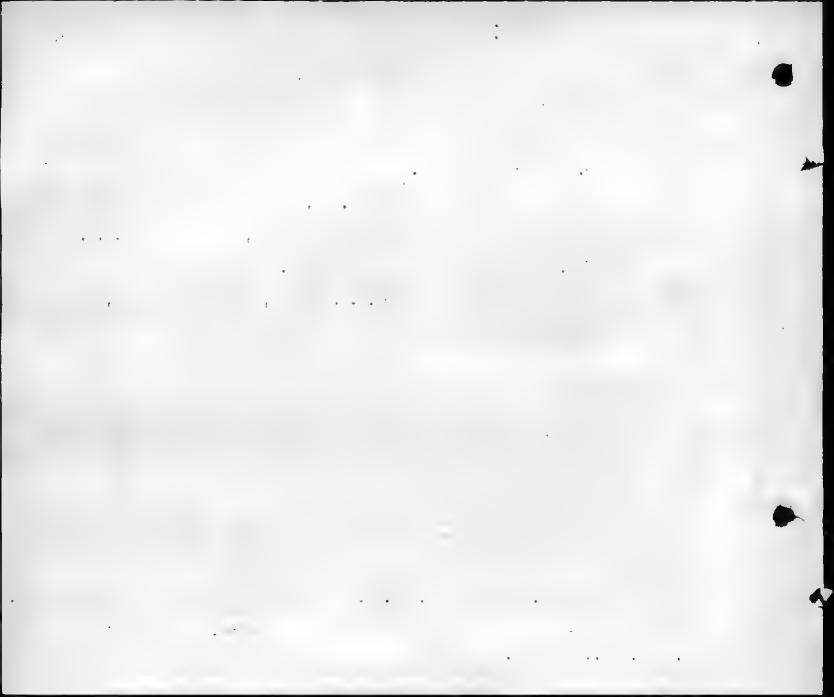
1 PLACE OF DEATH		2, USUAL RESIDENCE (Where deceased lived If institution Residence before admission)					
°. COUNTY Baltimore	MARYLAND	Maryland Baltimore					
5 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Glen Arm	Life	c C TY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Glen Arm					
d NAME OF HOSPITAL (If not in hospital, give street in GRINSTITUTION Road	oddress)	d. street address Fergueson Road street Address on A FARM? YES NO					
3 NAME OF PIECE (Type or print) Katherine Eli	Middle zabeth Lauden	Lost DATE Month Day Year OF DEATH August 26, 1960					
s sex 6 COLOR OR RACE 7. MARR WIDOWE	IED A NEVER MARRIED	8. DATE OF BIRTH 9 AGE (n years lift UNDER 1 YEAR IF UNDER 24 HRS tast birthday) 85 yrs Months Days Hours Min					
10a LSLAL OCCLPAT ON (Give kind of work done 10b during most of working life, even if retired) HOUSEWLIE	KIND OF BUSINESS OR INDUSTRIBLES OF INDUSTRIBL	STRY 11 BIRTHPLACE (State or foreign country) Balto., Co., Md. U.S.A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Phillip Reichart		Katherine Schroeder					
15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANY Address					
No	None Ch	narles Laudenkloa Ferguesen Road					
200 ACCIDENT WAS UNDERLYING 206 DESCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH 8UT	ONSET AND DEATH T GENERALIZED STATELLIST TELESCOPE NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES [] NO [] TO (Enter noture of injury in Port 1 or Port 11 of Item 18)					
Hour o.m. 19 While of world	Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (State)					
ACTUAL SIGNATURE FHYSICIAN'S	ond that death	n occurred at Signature, 1960, that I last saw the deceased an occurred at Signature, 1960, that I last saw the deceased an occurred at Signature, 1960, that I last saw the deceased an occurred at Signature, 1960, that I last saw the deceased an occurred at Signature, 1960, that I last saw the deceased an occurred at Signature, 1960, that I last saw the deceased at las					
220 BURIAL, CREMATION, REMOVAL (Specify) BUTIAL 8-30-60 23 FUNERAL DIRECTOR'S SIGNATURE	Parkwood Com	Balto Value Registrar's SIGNATURE					
Lassoper Harliffa	18 74011281	MANY DATE AUG 31'60 Gulas & times					



VS A15 (4) 15M 9/55

			8	884	CERTIFICATE OF DEATH				Reg. Dist. No. 8856			
		o. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residue o. STATE b COUNTY APPLIAND				esidence before	ence before admission)		
		RURAL and give	(If autside corporate liming Balt Cimore	12	c. LENGTH OF STAY IN 16	CITY OR T		itside carparate lin	nits, write RURAL	and give near	est fown)	
	d. NAME OF HOSPITALIST AND IT NOTED VILLE STORY HOME OR INSTITUTION AT MACOST NUTS IN STORY HOME					d STREET ADDRESS / 546 Hampton Lane				•	IS RESIDENCE ON A FARM? YES NO	
	(NAME OF DECEASED (Type or print) Or. Granville A.					nce	4. DATE OF DEATH	Augus	t 8	19 60	
		Male white WIDOWED DIVORCED					8. DATE OF BIRTH Nov. 30, 1883 9 AGE (In years F UNDER 1 YEAR F UNDER 24 HRS 761 birthday) yrs. Months Days Hours Min.					
\	100 USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) Philadelphia, Pa U.S.A									WHAT COUNTRY?		
/	13.	Thomas A. Lawrence Mary E. Watson										
	15 Yes	WAS DECEASED EN	FER IN U. S. ARMED FOR (If yes, give war or doles of			HIFORMANT S.M.E.W	itney	, 546 Н	Address ampton	Lane, T	owson 4	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Consistions, if any which gove rise to immediate coess (a), stating the under lying couse last. DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Flace OF INJURY (Home, form, 20f (City or fown)) While of work 0 of work									N PART 1(a) 19	WAS AUTOPSY PERFORMED? YES NO (Stole)		
	23	21. I certify that I attended the deceased fram 12. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19										
	W	Wm. Cook, Inc., 1217 St. Paul Street					DATE ALIG 1 0 '60. CLIL & France					

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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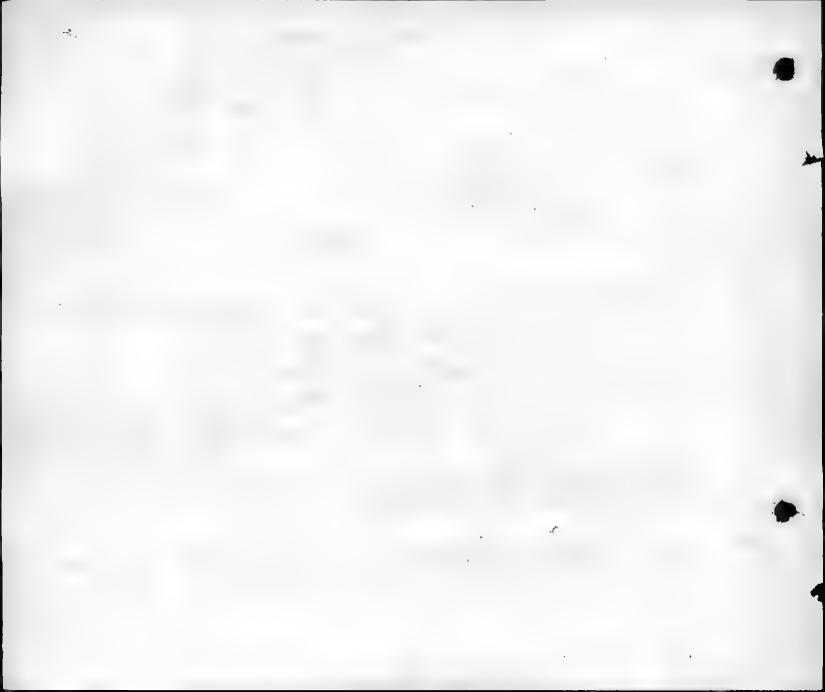
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VS A15 (4)

15M 9/58



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH-& COUNTY HATCH o COUNTY a STATE MARYLAND c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gunerths Bellona 6400 IS RESIDENCE d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION YES NO TO Mercy Ville Boloma AVELL 4. DATE NAME OF Middle Manth Year Furst Lost DECEASED DEATH 19 60 (Type or print) Cassandra A. Lochary death August IF JINDER 1 YEAR IF UNDER 24 HRS AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 5 SEX lost birthday) Months Davs Hours DIVORCED [7] WIDOWED [9 r'emale 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or faceign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
School Teacher Harford County, Maryland Public Shhool 14. MOTHER'S MAIDEN NAME 3. FATHER'S NAME within John Lochary Mary Wilson 17 INFORMANT Address IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. No John P. Dochary 6118 Alta INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per ine for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) DUE TO Canditions, if any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES INO IT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20e PLACE OF INJURY (Home, form, 20f (City or town) (State) 20c TIME OF INJURY Month. 20d NJURY OCCURRED (County) Day, Year factory, street, office bldg., etc.) Hour o. m. While Not while at wark at work p. m. 21 I certify that (I) (this haspital) aftended/the deceased from._ 19____, that (I) (wa) last . ta_ and that death occurred a COM, from the couses and on the date stated above. saw the deceased alive on. 226 DATE 22a SIGNATURE SIGNED ATTENDING PHYS STAFF MED DIRECTOR M.D 22c PHYSICIAN'S 22d. ADDRES NAME (Type John K. Davis. M. D. 23g BURIAL, CREMATION, 23b DATE THEREOF (State) 23c. NAME OF CEMFTERY OR CREMATORY 23d. LOCATION (City, town, or county) (Bural) Harford, County Sta Burial Ignatius 256 REGISTRÁR'S SIGNATURE 24-FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR AUG 3 1 60 w. Broadway Chiller S. Through

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FUNERAL DIRECTOR:

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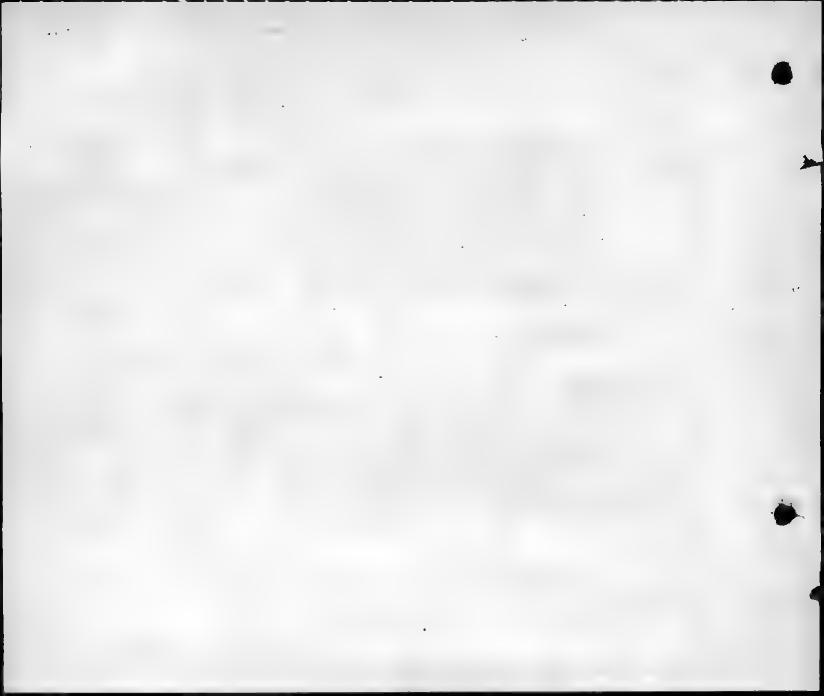
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY D. STATE b. COUNTY MARYLAND buriof, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and nive represt town) AST POINT EAST POIN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE YES 🗍 NO 🙀 retained for your fill 2 with the registrar NAME OF Middle DATE Month Day Year DECEASED (Type or print) DEATH 19 60 06 5 SEX 7. MARRIED COLOR OR RACE P. AGE (In years IF UNDER TYEAR NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER 24 HRS. Months WIDOWED N DIVORCED [10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSEWIF moy es 1 co 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages 24 hav NKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Arldress SAME AS ABOVE PM3. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY LOKOTK -IMMEDIATE CAUSE (a) DUE TO with Conditions, if eny, which pencii olang v burial-t gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMEDA NO CERTIFI 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INVERY OCCURRED NEADER noture of in ury in Port I or Port II of item 18.) PRIMARY I or CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY 20d. INJURY-OCCURRED | 20a. PLACE OF INJURY (Home, form, Month, Day, Year i 20f. (City or town) (County) (Store) factory, street, office bldg., etc.) Hour o. m. Not while of work of work. D. m. Page 21. 1 certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry 1/1 cute the certificate, wri farwarded to the Chief O FUNERAL DIRECTOR: P. death resulted from: Natural causes 12. Accident Suicide . Homicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [NAME (Type) DEPUTY MEDICAL EXAMINER T 22g BUR AL, CREMATION, 22b DATE THEREOF 22d. LOCATION (City, lown, or county) (State) PEMOVAL (Specify) 0 ENTUCKY YEMIOVA JEUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(5) Cally S. Kroug DATAUG 1 6 '60 SM 9/55



8888 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It institution Residence before admission) a. COUNTY Baltimore **b.** COUNTY Maryland MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give negrest town) Baltimore Catonsville day d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 26 1005 S. East Avenue St. Joseph's Nursing Home YES 🗍 NO 🔀 pup .6 NAME OF First Middle DATE Month Oay Year filled DECEASED OF DEATH LUCZKOWSKI Pages (Type or print) MARY August 19 60 6 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH complete Months Davs Hours White Female WIDOWED T DIVORCED [Feb. 22. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? death. Housewife Poland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lawrence Kozlowski Victoria Jablonska 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address attending None Mr.Joseph Luczkowski .1005 S. East Avenue no 9609 Within. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH 75. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The **DUE TO** Š permit. any Conditions, If any, which gned gave rise to immediate **DUE TO** cause (a), stating the undergen Si puo lying cause last. (c). PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES 🖂 NO I 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc. WED Hour a. n. While Not while at work of work o. m. ă 21. I certify that I attended the deceased from burial, $\mathcal Q$,that I last saw the deceased detached alive on and that death occurred M. from the causes and an the date stated above. 9 ADDRESS (Sireet, city or town, state DATE SIGNED FUNERAL DIRECTO ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION KIN HOLDER COUNTY) -God (State) REMOVAL (Specify) 10/60 Holy Rosary Burtel Baltimore Marvland O 23. FUNERAL DIRECTOR'S SIGNATURE ADORESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE M.F.SADOWSKI &SONS.1808 EASTERN VS A15 (4) AVENUE DATE AUG 9 15M 9/55

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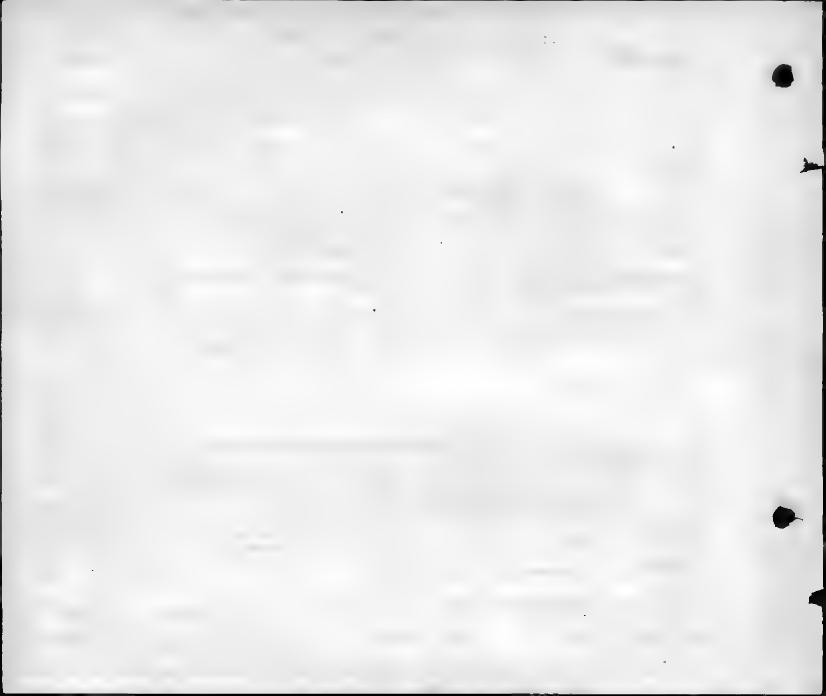
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		888		CERTIFIC	CA	TE OF DEATH		8.3	26:
	PLACE OF DEATH o. COUNTY Baltimore			MARYLA	ND	2 USUAL RESIDENCE (Where de o. STATE Maryland	ceased lived If institution b. COUNTY	Residence bef	ore admiss on)
		outs de corporate limi	s, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If autside	carparate limits, write RU	RAL and give no	earest lown)
	Fort Howar	2 222	ive street o	54 Days		Baltimore (10 d. STREET ADDRESS	7)	y.	e. IS RESIDENCE ON A FARM?
	Veterans A	dministrat	ion H	Mospital		1607 McCulloh	Street		YES NO
3	NAME OF DECEASED Serv	red as: (Sam	uel	Middle V	Þ	MACKALL	ATE Month F EATH AUGUS		Year 4 1960
	SEX	6 COLOR OR RACE	7. MARR	IED NEVER MARRIED		B. DATE OF BIRTH	9. AGE (n years lost birthday)	7	R IF JINDER 24 HRS
M	(ale	Negro	WIDOWE	D DIVORCED		October 17,1889	70 yrs	Months Days	Hours Min
10c		N (G ve land of work a		KIND OF BUSINESS OR	INDUS	STRY 11 BIRTHPLACE (State or fore	sign country)	12 CITIZEN C	F WHAT COUNTRY?
	hauffeur FATHER'S NAME				_	Baltimore, M	aryland	U.	S. A.
١	James S. Ma	ackall				Harriett Thoma	S		
			CE57 16 :	SOCIAL SECURITY NO.	17 IN	FORMANT	Addre	\$5	
(Ye		If yes, give war or dates of s	evice)	5-09-6866	Cl	in.Recored,VAH,B	altimore 18,	Md.Ft.	Howard Di
			use per lin	e for (a), (b), and (c).]					TERVAL BETWEEN
	PART I, DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	CAR	CINOMA OF ST	MOT	ACH		Ü	INKNOWN
	151)	DUE TO							
	Conditions, if or								
	gove rise to in cause (b), stating t								
	lying couse lost.) (c							
CATION	PARE II. OTH	ER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMINAL D	isease condition give	N IN PART 1(0)	19 WAS ALTOPSY PERFORMED? YES NO 3
CERT FICATION	200 ACC DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	CRISE HOW INJURY OCC	URRE	D. (Enter nature of injury in Port	or Part 1 of Item 18)		
MEDICAL	20c TIME OF INJURY Hour o.m.	r Month, Day, Yes	While	Not while		ACE OF INJURY (Home, form, 206 ctory, street, office bldg., etc.)	(City or town)	(Count)	(Stote)
~		LWN (this haspital	\ attend	ed the deceased fr	rom.	June 21 1960	to August 14	1960 1	that Hi (wei last
						leath occurred at 10:45	PM from the causes and	Lon the dat	in stated above
	220 SIGNATURE	4 0		<u> </u>	IIIII C	nearly occurred are entire in, r	Total file cooses dire	GII III G EE	22b DATE
1	6,5%	exte chi	An	adoi en A		ALD PHYS D MED D RECTO	STAFF PHYS 🔀		8/15/
	22c. PHYSICIAN'S			CINCILL TO FE	1 gran	22d ADDRESS			
	FREDERIC	CK S. DONAL	DSON	, M.D.		VAH, BALTIMORI	E 18, MD.,FT	.HOWARD	DIVISION
230	BUR AL, CREMATIO	N, 236 DATE THEREC)F	23c NAME OF CEMET	ERY O	R CREMATORY 23d	OCATION (City, fown, or	r county)	(State)
	REMOVA (Specify)	8-14-6	,	Baltimore	e N	ational Cem. B	altimore, Ma	aryland	

25b REGISTRAR'S SIGNATURE

Cilling & Kinus

250 REC'D BY REGISTRAR

DATE AUG 2 3 '60

ADDRESS

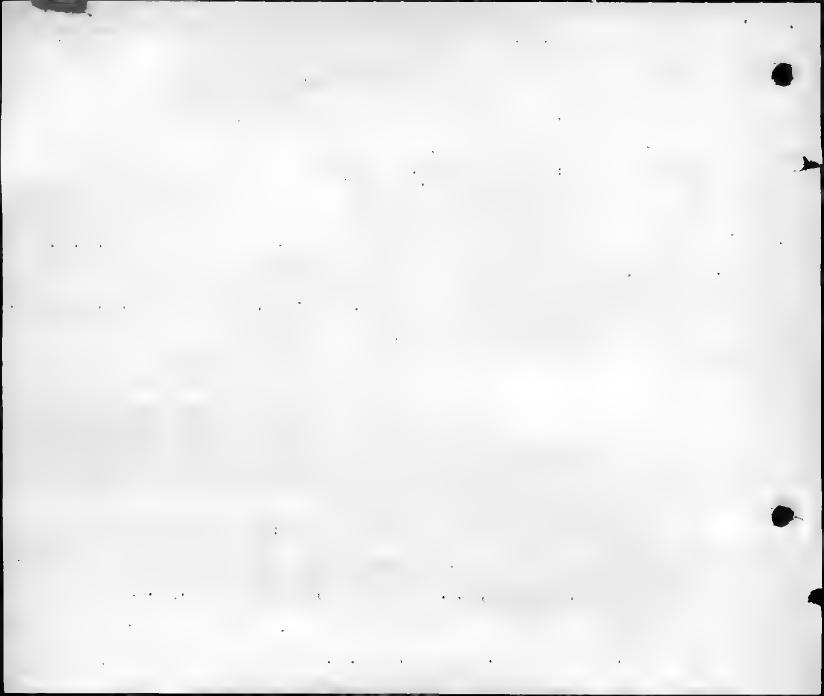
W. North Ave.Balto.Md.

may be retained by the hearth of the first of the design of the content of the formal IIIYSICIAN: The low requires that the death certificate be executed within 24 hours after death may be retained by the h TO HOSPITAL OR ATTENDING

24 FUNERAL DIRECTOR'S SIGNATURE

Herbert E. Nutter, 3035

VR A15 (4) ISM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

08862

	0000	CEKTIFICA	TE OF DEATH							
)	1 PLACE OF DEATH 5 COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Who state Maryland	ere deceased lived. If institution b. COUNTY	Residence before admission)					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write RUR	(AL and give nearest fown)					
ľ	Fort Howard, Md.	3 Davs	Baltimore	(2)						
. 2	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d STREET ADDRESS	Paul Street	IS RESIDENCE ON A FARM? YES NO X					
Į	Veterans Administration									
!	3. NAME OF First DECEASED (Type or print) HARRY	M ddle	McFARLAND	OF DEATH August	18 1960					
	5 SEX 6 COLOR OR RACE 7 MARE	RIED NEVER MARRIED	8. DATE OF SIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FUNDER TYEAR IF UNDER 24 HRS					
	Male White WIDOW		November 22,1	1895 64 yrs	Months Days Hours Min					
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if refired)		Atlanta,	•	U. S. A.					
\	Erection Engineer C.	onstruction	14 MOTHER'S MAIDEN N							
)	Edward H. McFarland		Agnes Ferre							
	15. WAS DECEASED EVER IN U. S ARMED FORCES? 16	SOCIAL SECURITY NO 17. I	NFORMANT	Addres	35					
	Yes (If yes, give wor or dotes of service)	257-05-1158 C	lin.Rec.VAH,Ba	ltimore 18,Md.	FORT HOWARD DIV.					
	18 CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b), and (c)]			INTERVAL BETWEEN ONSET AND DEATH					
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) BRONCHOPNEUMONIA RECENT									
	470 0 100000									
	Conditions, if any, which) (b) PULMONARY CONCESTION AND EDEMA R									
	gove rise to immediate out to ART	UNKNÓWN								
	lying cause lost (c) EMPHYSEMA BILATERAL, MARKED									
	PART H. OTHER SIGNIFICANT COND TONS				N IN PART 1(a) 19 WAS AUTOPSY PERFORMED?					
	Cortical Adenomata, adre				YES 🔀 NO 🗌					
	PART II. OTHER SIGNIFICANT COND TONS OF COntical Adenomata, adre 200 ACCIDENT WAS LABERLY NG 1 206 DES OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED (Enter nature of injusy in l	Port I or Part II of item 18.)						
	\$ 20c TIME OF INJURY Month, Day, Year 20d 1		ACE OF INJURY (Home form		(County) (State)					
	20c TIME OF INJURY Month, Day, Year 20d 1 Hour a m. While p. m. 19	TAOL MILLS	ectory, street, office bldg., etc.							
	21 I certify that (I) (this hospital) attend	ded the deceased fram,	August 15	60, ta August 18	_, 1960 , that (1) (we) last					
	saw the deceased onve on August	18 19 60 , and that	death accurred atp_	M, from the causes and						
-	22 SIGNATURE) ///	ATTENDING MI	ED STAFF	226 DATE SIGNED					
7	22c PHYSICIAN'S	2 Block	M D PHYS DI	RECTOR PHYS 🖂						
	NAME (Type)	M. D.		10 IO BODE HOL	MOD DOMESTON					
	FREDERICK S. DONALDSON			18, MD, FORT HOW						
	230 BURIAL, CREMATION 236 DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O		23d LOCATION (City town, or	county) (Stote)					
	Burial 7-22-60	Baltimore N		Baltimore, Mary	yland RAR'S SIGNATURE					
					Lug J. Kraud					
	Wm. Cook-Blight, Inc. 6009 1	mariord Rd. Ba	Lto. 14 Md SATE AU	000						

is certificate has been signed by the attending physic on and completely filled in by the funeral decision, use as the buriol-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filled with MYSICIAN: The aw requires that the death certificate be executed within 24 haurs after death page 3 should be detoched for use as the buriol-tronsit permit. Then please remaye carban popers. Pages the State Board of Health prior to burial, cremation, or remayal, and in any event, whith 72 hours after death ar attending physicion. TO HOSPITAL OR ATTEND may be retained by the h TO FUNERAL DIRECTOR: △ VR A15 (4) 15M 9759



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08863

000								
PLACE OF DEATH 6. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	here deceased lived If institution Resider b. COUNTY	nce before admission)				
b CITY OR TOWN (If outside corporate fimits, wr RURAL and give nearest town)	c tength of stay in 16		outside corporale limits, write RURAL and	give nearest lown)				
Fort Howard, Maryland	121 Days	Baltimore	. (2)					
d NAME OF HOSPITAL (if not in hospital, give st OR INSTITUTION	reet oddress)	d STREET ADDRESS		e IS RES DENCE ON A FARM?				
Veterans Administrati	on Hospital	924 East	Lombard Street	YES NO				
3. NAME OF First DECEASED (Type or print) CHARLE	Middle	MC LAIN	4. DATE Month OF DEATH AUgust	28 19 60				
	MARRIED K NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years FUNDER	TYEAR IF UNDER 24 HRS				
24.2	OWED DIVORCED	May 5, 1923_	lost birthdoy) Months	Days Hours Min				
10a USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote	or foreign country) 12 C T	IZEN OF WHAT COUNTRY?				
Aide (Nurses)	Hospital			J.S.A				
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME					
William McLain		Catherine						
15. WAS DECEASED EVER IN U. 5. ARMED FORCES? (Yes, no or unknown,		NFORMANT	Address					
Yes WW II	247-28-9370 C1	in.Rec.VAH, B	altimore18,Md.FT.HO	WARD DIVISION				
18 CAUSE OF DEATH (Enter only one couse p	er line for (o) (b), and (c)]			INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: ACTUAL CONTROL OF THE PART OF THE PAR								
1 1								
	OTHER PROPERTY.							
Conditions, if any, which BRONCHOGENIC CARCINOMA (Clinical-Cured) UNKNOWN								
gove rise to immediate couse (a), stating the under DUE TO								
lying couse lost.								
Par II OTHER SIGNIFICANT CONDIT CONTROL Pulmonary Conges	NS CONTRELING TO DEATH BUT LION and Edema, 2	ecent 2. Pulm	nal disease condition given in Pal onary Emphysema, 91d	PERFORMED?				
Pam II OTHER SIGNIFICANT CONDIT OF Pulmonary Conges 200 ACC DENT WAS UNDERLY NG CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in	Port I or Port II of item 18)					
Hour o.m.								
21 I certify that () (this hospital) of	tended the deceased from	April 29 0.25	60 10August 28 ., 19	60 that (X(we) last				
saw the deceased alive on Augus:	t 28 _ 160 and that a	death accurred aPM_	M, from the couses and on th					
220. SIGNATURE	- OD MAR	ATTENDING N	STAFF HRECTOR PHYS 24	275 DATE 8/29/60				
22c PHYSICIAN'S	Michelan P. W.	22d, ADDRESS	777.2					
FREDERICK S. DONALDSO	N, M.D.	VAH, BAIT	IMORE 18, MD. FORT H	OWARD DIVISIO				
230 BURIAL, CREMATION 235 DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City town, or county)	(stof2)				
Eurial 8/31/6	O Baltimore N	ational Cem.	Baltimore	Maryland				
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Md. 25a. REC	D BY REGISTRAR 256 REGISTRAR'S SI					
Arlington S. Phillips, 18	08 N.Monroe St. I		EP 1 160 Chilling &	there.				

TO MUSE ALL DIRECTOR After this certificate by the attending physician.

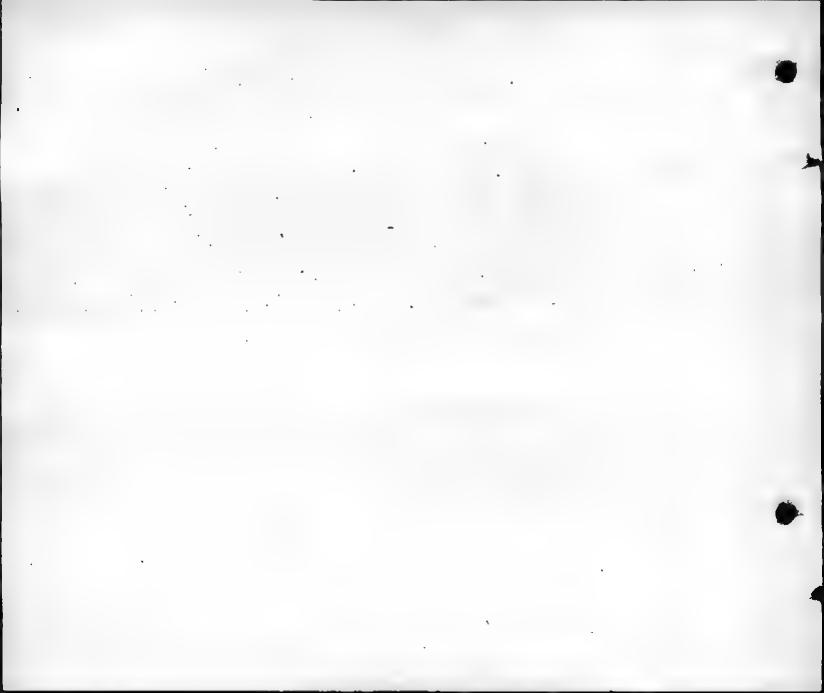
TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely fulled in by the funeral a rectar, page 3 should be detached for are as the bunol transit permit. Then please remove corban papers, Page, and 2 should be filed with the State Board of Realth prior to buriol, crematian, or remaval, and in any event, within 72 hours after death PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO HOSPITAL OR ATTENDIY VR A15 (4) 15M 9/59

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7 35		8892 CERTIFICATE OF DEATH Reg.	118864 Dist. No.
rs offer death.		LACE OF DEATH COUNTY CO	Itimore.
e death certificate be executed within 24 haur aftending physician and mommittely filled in by please remove carbon papers. Pages 1 and within 72 hours after death.	13	WIDOWED DIVORCED DIVO	9 196 B DER I YEAR IF UNDER 24 HRS
PHYSICIAN: The law requires that the control of a strending physician. If this certificate has been signed by the control of ar use as the burial-transit permit. Then sol, cremation, or remayal, and in any event	MEDICAL CERTIF CATION	Canditions, if any, which gove rise to immediate cause (a), stating the under: DUE TO	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO (State)
SS TO HOSPITAL OR ATTENDY BS TO FUNERAL DIRECTOR: Af page 3 shauld be detached the registrar prior to burion	no La	alive on RUG , 19 CO, and that death accurred at 11 DAM, from the couses and an ADDRESS (Street, city or town, state) ACTUAL SIGNATURE R. T. S. V.	DATE SIGNED S/19/6 0 (Stote) S GNATURE

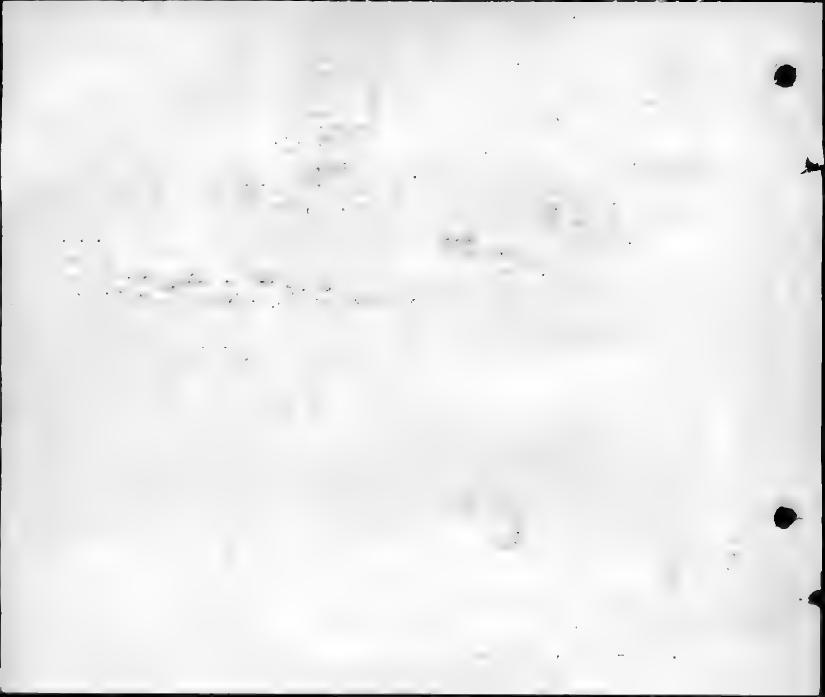
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/55

	889	3	CERTIFICA	ATE OF D	EATH			Reg. Di	st. No.	886	55
o. COUNTY	Baltimore	County	MARYLAND	2 USUAL RESID			If institution. COUNTY	ın. Residen	vce belo	re odmisi	sion)
b. CITY OR TOWN RURAL and give	(If outside corporate liminearest town) Catonsvil		NGTH OF STAY IN 16	11 _	own (If outside imore 6	7	nits, write RL	JRAL ond	give nec	orest tow	
d. NAME OF HOSE OR INSTITUTION	Forest Ha	ven Nur	sing Home	d. STREET A	DDRESS Barbai	a Avei	nue				IDENCE FARM?
DECEASED (Type or print)		iza	Middle M.	· Mit	- h - 77 (DATE OF DEATH	Aug	ust	5 5		Yeor 19 60
Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	B DATE OF BIRTH		9. AG 84	E (In years birthday) yrs	Months	Doys	Hours	ER 24 HRS Min
00 USUAL OCCUPAT during most of year	ION (Give kind of work prking life, even if retired) USCWLIE	done 10b. KIND	OF BUSINESS OR INDU	1	ACE (State or fo			12 CI		S. A	COUNTR
3. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME						
	William	Covell			unknow	1					
15 WAS DECEASEDE	VER IN U.S. ARMED FOR			INFORMANT		l. 500 30	Addr				
	1			uncan Ni	llier,	4)11 W	ainii	ета.	Ave	nue	
Z	g the under DUE TO	DITIONS CONTR		NOT RELATED TO	THE TERMINAL	DISEASE CON	DITION GIV	EN IN PAI	RT 1(o)	PERFO	AUTOPSY DRMED?
200. ACCIDENT NO OR CONTRIBUTION (IF EITHER, NOTIL)	VAS UNDERLYING GAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Day, Ye		OCCURRED 200 P	ED. (Enter noture of					County)		[Stote)
Hour e. m	10	While !	Not while fo	ctory, street, office	bldg., etc.)	-		· · · · · ·			
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	deceased fr , 19 & O	om ff, and that death	M.D	4.30 AM	Jan.	ity or town,	ind on t stote)		ite stat	
220. BURIAL, CREMAT BURITHE (Speci		OF 22c.	NAME OF CEMETERY O	OR CREMATORY lemorial	229	LOCATION (City, lown, c	or county)		(Sto	te)
Wm. COOK	Blight, 60	009 Har	ford Road		24a. REC'D BY	_	24b. REGIS	STRAR'S SI مرکسم کے			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

08866

g or	And St.	8894 CERTIFICA	TE OF DEATH	Lecky
		LACE OF DEATH COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Resident a. STATE	ce before admission)
1	Ł	CITY OR TOWN (If outside corporate I mits write RURAL and give, neurest town) ATOUSVILLE	c. CITY OR TOWN (If autside carparate limits, write RURAL and g	give negrest town)
		OR INSTITUTION 3 SANFORD AUE	SANFORD AUE	B IS RESIDENCE
	Ţ	IAME OF PICEASED NELLIE B, Middle Bype or print	URPHY DEATH AUG.	Day Year 1960
	5 5	6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH 9 AGE (In years IF NDER 25 DETAILS AND A MONTHS 9 Yrs	1 YEAR IF UNDER 24 HRS Days Hours Min
	10a	USLA. OCCUPATION (Give kind of work done during mass of working life, even if retired)	MD,	ZEN OF WHAT COUNTRY
	13.	JANIES S, BENSON	14. MOTHER'S MAIDEN NAME MARY VANE ALL NO	017
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 III no, or unknown) (IF yes, give wor or dates of service)	R. HARRY T. MURDHY BOY	HOOKSLA
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) } PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOM	ATOSIS GENERALIZED	INTERVAL BETWEEN ONSET AND DEATH
1		Candit'ans "if ony which) (b) CARCINON	1A STOMACH	1/278
		gove rise to immediate cause (a), stating the <u>under-</u> lying cause last.		
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T I(a) IP WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter noture of njury in Bottor Part II) of tem 18 Vy We	d. Cramin
	MEDICAL		LACE OF INJURY Home, form, 24 (City by Conce & 5 6	11.55/H
8		21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive an July 29 19 60, and that	death occurred at BAM, from the causes and on the	O, that (1) (we) last date stated above
1		220 SIGNATURE A. H. CROWTHER OF JOHN F. SCHAEFER	ATTENDING MED STAFF PHYS. DIRECTOR PHYS	8 5 60 SIGNE
		PHYSICIANS SULLY 7. Schoopen Mit	27d ADDRESS RANDOM POAT	7-29
	230	BURIAL CREMATION, 236 DATE THEREOF 23 WHATE O CEMETERY	DREAMATORY 23d LOCATION (C'ty town, or county) FREDERICK	(State)
	24'	FUNERAL DIRECTOR'S SIGNATURE ADDRESS VITALE FUNDIR, 4101 EDMON	AVE 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGN DATAUG 8 '60 CILLING 8.	

certificate has been signed by the attending physician and campletely filled in by the funeral discorte as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with burial, crematian, at remaval, and in any event, within 72 haurs after death ar attending physician. may be retained by the 1 1 or attending physician TO FUNERAL DIRECTOR: After his certificate has been a page 3 should be detached far use as the burial-transit the State Board of Health priar to burial, cremation, an

TO HOSPITAL OR ATTEND VR A15 (4) ISM 9/59



VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 867

PLACE OF DEATH		2 USUAL RESIDENCE (Wh	ere deceased lived. If institu	tion- Residence before admission)			
BALTIMORE	MARYLAND	O STATE MARYLAND 6. COUNTY BALTIMORE					
b. CITY OR TOWN (If outside carporate fimits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16	E CITY OR TOWN (H o	ECITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)				
Rosedale	6 Months	ROSEDALE	6				
d NAME OF HOSPITAL (If not in haspital, give street of INSTITUTION	address)	d STREET ADDRESS		e IS RESIDENCE			
1330 Seling	Avenue	1330 SEL	ING AVENUE	YES NO T			
NAME OF First DECEASED	Middle	Lasi	4. DATE Mo	onth Day Year			
(Type or print) DAVID W. NARAL	NGO SR.		DEATH ATTIGHT	IST 3.1960 19			
SEX 6. COLOR OR RACE 7. MARR	RIED V NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HR			
Tale White WIDOWE	ED DIVORCED	June 25,189	lost birthday)	THE PROPERTY OF THE PROPERTY O			
la. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNT			
Machine Machine of working life, even if retired	Retired	Cuba		II.S.A.			
, FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	U. D. Pla			
Antonio Narango		Anita	Mandosa				
WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		dress			
NO It has and as good as season	Mr	s Marie Nar	ango 1330 S	Seling Avenue			
IB. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c)]		_	INTERVAL BETWEEN			
PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	rencom	a digm	ouch-	ONSET AND DEATH			
1223 DUE TO		1		1/4			
Conditions, if ony, which)							
gave rise to immediate							
cause (a), stating the under-							
lying cause last. (c)							
PART IF OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	F NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	IVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?			
				YES NO K			
200 ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in P	art 1 or Part II of Hem 18)				
20c TIME OF INJURY Month, Day, Year 20d. IN	NJURY OCCURRED 20e. PI	ACE OF INJURY (Home, form,	20f (City or Invo)	(County) (State			
Hour o. m. While of work	Not while fo	clary, street, office bldg., etc.) i	(County) (5-ore			
21. I certify that I attended the decease	ed from 1.5 Sof	17 1954 103	aria 10/a	a,,that I last saw the deceas			
	/	2 130 A	1 84 5-6-1	and an the date stated above			
	.=_,, one morecur	decorred of sales	LIM, from the causes in ADDRESS (Street, city or town,	ond on the date stated abar , state) DATE SIGN			
ACTUAL - To To act	to lan	104 W.	Madison St.	Aug. 3.60			
SIGNATURE / CONTROL OF	· · · · · · · · · · · · · · · · · · ·	M.D					
PHYSICIAN'S S.E. Proctor							
BURIAL, CREMAT ON, 226 DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City town,	Or county) (State)			
Buriariyi 8/6/60		mbr Cemeter		re Maryland			
FUNERAL DIRECTOR'S SIGNATURE	TIOTS TICKED		BY REGISTRAR 246 REG	TO Hat y Land			



MARYLAND STATE DEPARTMENT OF HEALTH 8896 CERTIFICATE OF DEATH

08868

-					-						
1	g. COUNTY	Baltimore		MARY	LAND 2.	o. STATE	E (Where dece	ased fived If matrix b. COUNT	Y	e before admir	sion)
	b. CITY OR TOWN (I RURAL and give no Towson	Foutside carparate limi earest fawn)	ls, write	c. LENGTH OF STAY	IN 16	CITY OR TOW	•	rporote limits, write	RURAL and g	ve negrest faw	n)
	OR INSTITUTION	AL (if not in hospitol, g	ive street o	ddress)	1	d STREET ADDR 9 Marylan		130		ON	SIDENCE A FARM? NO.
3	NAME OF DECEASED (Type or print)	CLARENC		ORY NETH		last	4. DAT OF DEA		nst 14,		Year 19
3	SEX Male	6 COLOR OR RACE White	7 MARRI	DIVORCE		ept. 25,	1909	9 AGE (In years last birthday) 50 yri	Manths	Days Haurs	
1	Office Mg	ing life, even if retired		OND OF BUSINESS O		West 1	Virginia		12 CIT Z	USA	COUNTRY?
	3. FATHER'S NAME	27 42 3			11	4. MOTHER'S MAI					
4.	Steward B		esta la c		17 INFO		Fuhrma		dress		
	5 WAS DECEASED EVE (Yes, no, or unknown)	(If yes, give wor or doles of a	ervice)	OCIAL SECURITY NO			thken,	9 Marylar		Towso	n,Md.
	Conditions, if o gave rise to i cause (a), stating lying cause last.	the under-)	chicisting				bral met			
	<u> </u>	HER SIGNIFICANT CON							IVEN IN PART	PERF	ALTOPSY DRMED?
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED (inter nature of init	ury in Part I ar	Part II of item 18)			
	20c. TIME OF INJUR Hour a m p. m.	Y Manth, Doy, Yei	Whi e	UURY OCCURRED Not while of work		OF INJURY (Hame, street, affice bld		City or town)	(C	ounty)	(State)
	saw the deceas	21. I certify that (I) (this haspital) attended the deceased fram. April 2.7, 1960, to August 14, 1960, that (I) (we) last saw the deceased alive an Aug. L3, 1960, and that death occurred at 2 M, fram the causes and an the date stated above.									
	220 SIGNATURE	1. / 200	med	f.)	M D		MED DIRECTOR	STAFF PHYS		2	26 DATE 5 GNED
	22c PHYSICIAM'S NAME (Type)		esnut	Jr., M.	. D.	22d ADDRESS	Pennsy	olvania A	ve.,Tc	wson 4	Md.
3	BUR AL, CREMATIC REMOVAL (Specify)			23c NAME OF CEM				CAT ON (City, lown		(Sid	ite)
4 2	24 FUNERAL DIRECTOR		,,,,,	ADDRESS	A TITLE OF		REC'D BY REC		SISTRAR S SIG		
	John Burns		wson.	Maryland		DA	AHG	1 9 '60		& Kansed	

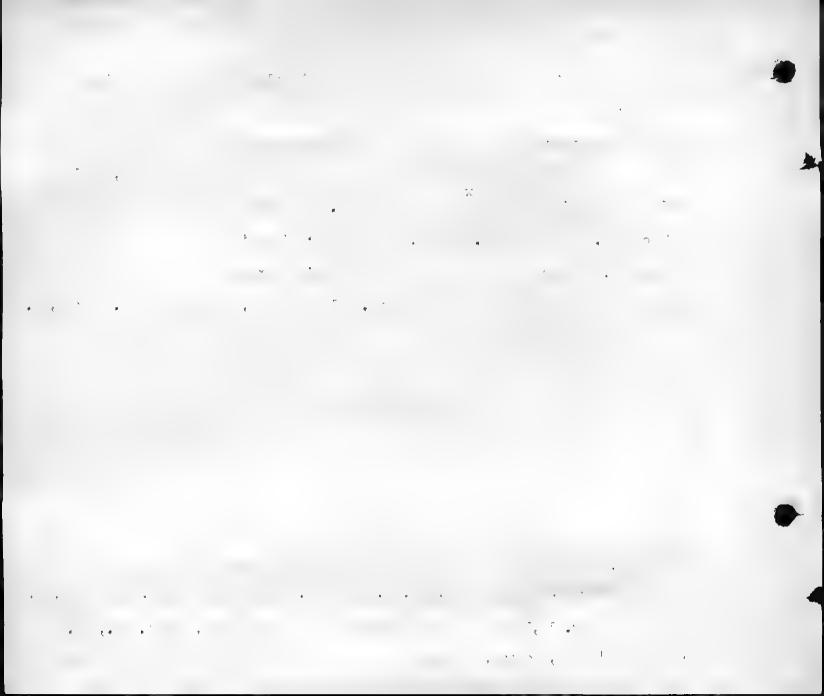
may be retained by the hold or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Board of Hea it prior to burial, cremation, or removal, and in any event, within 72 hours after death

PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

TO HOSPITAL OR ATTENDI

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYI AND Baltimore Md b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) shauld Rosedale Rosedale d NAME OF HOSPITAL (If not in haspital, give street address) STREET ADDRESS OR INSTITUTION Kenwood Avenue 6507 Kenwood Ave. 4 DATE NAME OF Middle Lost Month OF DEATH BARBARA August NOREK (Type or print) 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED & DATE OF BIRTH AGE (In years lost birthday) 1881 WIDOWED 12 DIVORCED T Dec female 10c USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) during most of working life, even if retired) housewife Czechoslovakia at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benes unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Jerry W. Norek, son, above 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: CUTE CORONARY OCCLUSION & MYDCHRDIAL INFORCE requires that the DUE TO ARTERIOSCLEROTIC C.V. DEJENSE E Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stoling the under-HYPERTENSION lying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 NIME 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING PARAUSE OF DEATH (IF EITHER, NOTIFY ABDICALLEXIVATION) AEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED foctory, street, office bldg , etc.) of work 21. I certify that I attended the deceased fram. __.that I last saw the deceased and that death occurred M, fram the causes and an the date stated abave. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) RHIMUNEK

Reg. Dist. N

Months

Baltimore

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

YES NO

(State)

(Stote)

Dave

U.S.A.

(County)

Cirlma & Firana

IS RESIDENCE

ON A FARM?

YES NO

Year

19

60

ray be retained by FUNERAL DIRECT 220 BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)
Bur 1a1 Moreland Mem. Park Baltimore. Md. 0 23. FUNERAL DIRECTOR'S SIGNATURE Schimunck Fu 2001-3-5 E. 24b REGISTRAR'S SIGNATURE ADDRESS. 240. REC'D BY REGISTRAR Funeral H Home. DATE AUG 8

VS A15 (4) 15M 9/55



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution. Residence before edmission) necess actor, Page a. COUNTY Mealth. a. STATE b. COUNTY Baltimore Rel timore and 3 to the funeral director, Pag-MARYLAND b. CITY OR TOWN of outside corporate limits. . c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate Limits, write RURAL and giv inequest town): write RURAL and give nearest town Kingsville Kingsville d NAME OF HOSPITAL OR INSTITUTION if not in hospital, give streat eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 510 Stonybottom Road 510 Stony bottom Road State YES X NO NAME OF M ddle Month DECEASED the 8/8/ 19 60 MET.V TN GFORGE. OREM DEATH (Type or print) with 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I IF UNDER I YEAR IF UNDER 24 HRS Tank 2 wijh last birthdey) | Months | ours Devs | Hours | Min. Male WIDOWED [DIVORCED 2. and and 72 ho 24 hours after ve Pages 1, 2, 10a USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, B.RTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page Is 1 and done during most of working I fe, even if retired) USA Ralto. Co. Md. Gas & Flec. Co. Laborer pages form PM3. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amsey Ellen George N. Orem.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? ; 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Office along with familiar burial-transit permit permit and in any in pencil in Item 1 Stoney Batter Rd. Mrs. Flsie Folks Jum 510 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cunshot wound of chest pue IMMEDIATE CAUSE (a) DUE TO removal, ny, which (b) "pending" gever se to immediate cause Examiner's 70 DUE TO (a), stating the underlying 10 cause lest. nsed PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IN CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical EVINERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremating designated agent, prior to burial, cremating the contract of the YES TO NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert J of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING Gunshot wound of chest CAUSE OF DEATH. Month Day, Year 2 Dd. INJURY OCCURRED 206, PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (State) Not While factory, street, office bldg., atc.) While Kingsville, Baltimore, Md. 8/8/ 10 60 et work at work outside home 21. I certify that I took charge of the remains described above, held an Autopsy 🚾 Inspection Inquiry and in my opinion Suicide IX DEPUTY MEDICA death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 8/8/60 EXAMINER'S Peter Rieckert, M.D. NAME (Type) Address (Street, city town, or county) 22c. NAME OF CEMETERY OR CREMATORY 228, BURJAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 6 Gardens Burial Belair Memorial 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 117 DATEAUG 1 0 '60 arthur & Kraus 5M 7/59

AARYLAND STATE DEPARTMENT OF HEALTH



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physician 9 видие

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FUNERAL DIRECTOR: age 3 should be detoc

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VS A15 (4)

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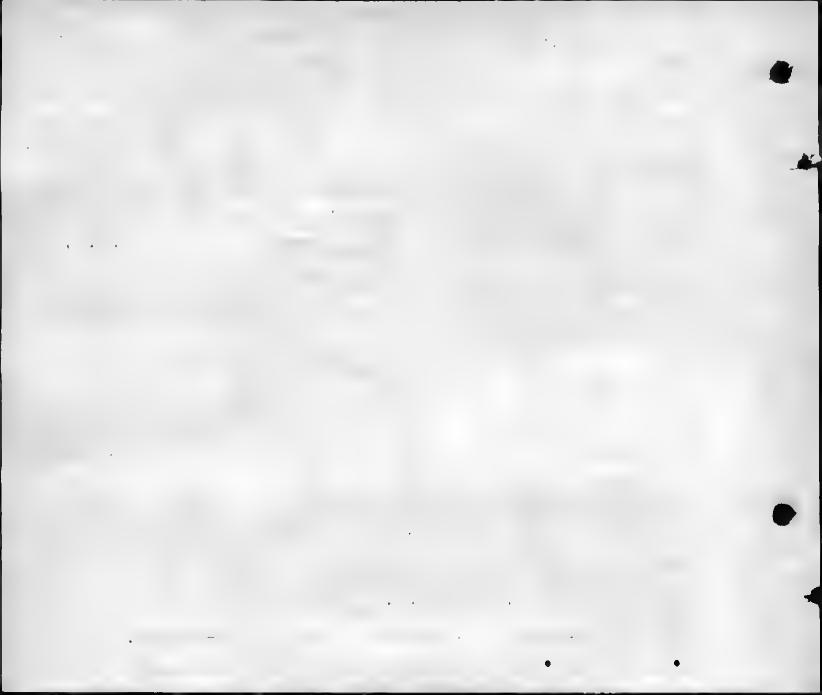
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death



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2003 CEPTIFICATE OF DEATH 08873

	01/03	GERTIITOF	CIE OF BEATT				
1. PLACE OF DEATH 6. COUNTY Dalting	ore	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution: Resider b COUNTY	nce before admission)		
b CITY OR TOWN (RURAL and give in	(If outside corporate lim ts, wi nearest town)			outside carparate limits, write RURAL and	give nearest town)		
d NAME OF HOSPI	TAL IIf not in hospital, give s	1 3 days	d. STREET ADDRESS	01.6	e IS RESIDENCE		
OR INSTITUTION			707/	Fennsylvania Avenue	ON A FARM?		
3 NAME OF	ns Administra:	Widdle	lost				
DECEASED (Type or print)	CHAF L		Familatoh	DEATH August	15 19 60		
5. 5EX	6 COLOR OR RACE 7.	MARRIED 🔲 NEVER MARRIED 📑		a last b rihdoy) Months	R TYEAR IF UNDER 24 H		
Lale	llegro wit	OOWED DIVORCED	August 24,	1908 51 yrs 1908	DOYS HOUIS MIN		
10a LSUAL OCCUPATION during most of wor	Oty (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR INDI	JSTRY 11 BIRTHPLACE (Stole	e or foreign country) 12.CIT	IZEN OF WHAT COUNT		
Laborer		Foad Construct	ion Charle	ston, Mest Virginia	U.S.A.		
13. FATHER'S NAME			14 MOTHER'S MAIDEN	NAME			
Charle	s Pendleton		Mary	(Maiden Tame Unimow	n)		
IS WAS DECEASED EV	ER IN L 5 ARMED FORCES?		INFORMANT		ltimore, Md.		
Yes	WW II	199-05-9564 C	linical Recor	ds. Vet. Adm. Hosp. / Tt	. I ward Di		
ying couse lost	immediate (b) A (b) A (c) A (c) E	RONCHOGENIC CARC RTERIOSCLEROTIC NCEPHALOMALACIA, DNS CONTRIBUTING TO DEATH BL	HEART DISEASE RIGHT CEREBR		Unknown Unknown Unknown PERFORMED' YES 1/2 NO		
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Year 2	DESCRIBE HOW INJURY OCCURRED 20e F	ED (Enter nature of injury in LACE OF INJURY (Home, for actory, street, office bldg., et	m, 20f, (City or town)	(County) (St		
21. I certify that XI) (this haspital) attended the deceased fram August 122.000, to August 15, 1960, that (K (we) last saw the deceased alive an August 15 160, and that death accurred at P. M. fram the causes and an the date stated above.							
220 SIGNATURE	ick's. bonalb	SON, M.D.	M D PHYS C	MORE L8, MD. FT. HOWA	8/16/		
230 BLRIAL CREMATIC REMOVAL (Specify BUT 181	ON, 236 DATE THEREOF, (1) 8/18/6	23c NAME OF CEMETERY Baltimore Na	or crematory	23d LOCATION (City, town or county) Baltimore, Mary)	(Stote)		
24 FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR 256 REGISTRAR'S S	IGNATURE		
rlington S	. Phillips.18	08 N. Monroe St.	.Balto. 17 DATE A	us 19'60 arthur 2	J. Thalla		

TO HOSPITAL OR ATTENDIA! PHYSICIAN: The law requires that the death certificate be executed within 28 haurs after death. The amp be revained by the harmoning physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and many ment, within 72 haurs after death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



8798

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

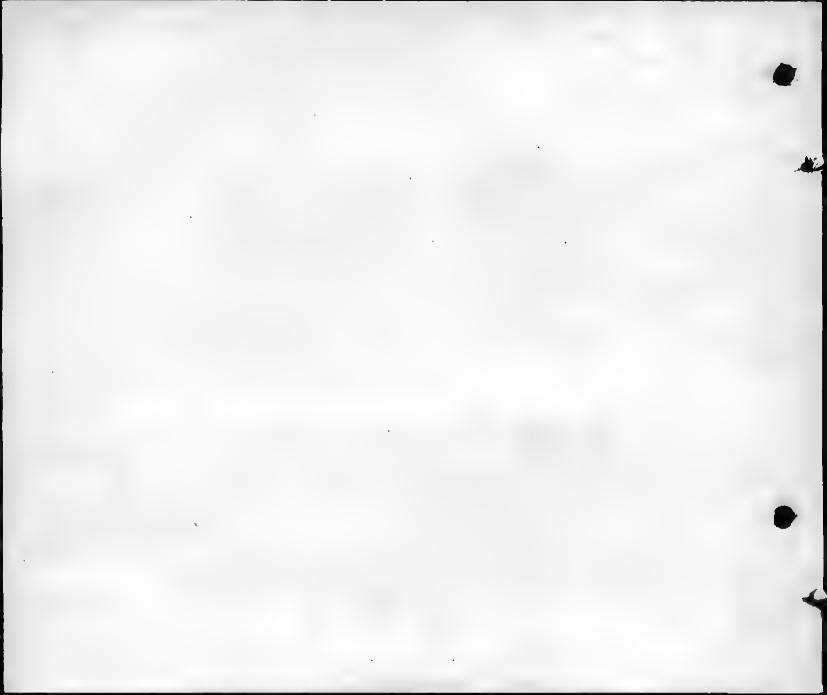
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PLACE OF DEATH O COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
1 sellimine	11. ("> 170.
b CITY OR TOWN (If outside corporate limits, write CLENGTH OF STAY IN 1E CLENGTH OF STAY IN 1E CLENGTH OF STAY IN 1E	c. CITY OR-TOWN (If outside corporate limits, write RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospitat, give street address) OR INSTITUTION	STREET ADDRESS ON A FARM?
1004 Trancessau.	11004 Teances auc YES NO. BY
NAME OF DECEASED (Type or print) Name of DeceaseD (Type or print)	Digit DATE Month Day Yeor OF DEATH DEATH DEATH 18 1960
SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B DATE OF BIRTON 9 AGE (In years FJSFDER 1 YEAR IF UNDER 24 HRS lost birthday) Menths Days Hours Min
Od. USJAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR ING	
3 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Carlmann	Latie -
S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC AL SECURITY NO 17	INFORMANT // DA Address
	miss. Stoff, 1004 Trances au-
1B CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH.
PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (0) CARLLEGE CE 22	in 7 Brain Trictariance 2 mins
DUE TO	0 11 11 11 11 11
Conditions, if any, which gove rise to immediate (b)	ce y x1. create 1 you.
couse (o), stoting the under-	ů .
16	BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART I(o) 19 WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	PERFORMED? YES NO
	RED. (Enter nature of injury in Part I or Port II of item 18)
	PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote)
20c. TME OF IN. URY Month. Day, Year 20d INJURY OCCURRED 20e. Hour o m While Not white of work of work of work	foctory, street, office b dg , etc.)
21 I certify that (I) (this hospital) attended the deceased from	n. Place 2 1927 to ang 18 1960, that (1) (we) cost
The state of the s	t death occurred of the from the causes and on the date stoted obave.
220 S GNATURE	AM 226 DATE
a Bradle Daughastky	M D PHYS MED DIRECTOR PHYS B
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
230 BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY	OR CREMATORY 23d LOCATION (C ty_lown or county) (Stote)
PRIOVAL (Specify)	OR CREMATORY 23d LOCATION (City, town or county) (Stole)
24/FUNERAL DIRECTORS SINTATURE ADDRESS	250. REC'D BY REGISTRAR 25b REG STRAR'S SIGNATURE
Withe 41616 Amoulson O	DATE ALIG 22 '60 Chilling & Huma

may be retained by the the start and all or attending physician.

TO FUNERAL DIRECTOR: Afric this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO HOSPITAL OR ATTENDIN VR A1S (4) 1SM 9759



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND SOLD CERTIFICATE OF DEATH

08876

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	PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Who STATE Maryland	re deceased lived If ms b. COU		admission)
	b CTY OR TOWN (If outside carporate imits, write Rufal and give nearest town) Fort Howard	125 Days	Baltimore	tside corporate limits, wr	rile RURAL and give near	st tawn)
)	d NAME OF HOSPITAL (If not in hospito., give street OR INSTITUTION Veterans Administration H	· · · · · · · · · · · · · · · · · · ·	1 400 South M	acon Street	(54)	IS RESIDENCE ON A FARM? YES NO D
	3 NAME OF DECEASED (Type or print) SOT IRIOS	Middle	PLAKITSIS	4. DATE OF DEATH Augu	Manth Day	Year 1960
	5 SEX 6 COLOR OR RACE 7 MAR Male White WIDOW		DATE OF BIRTH	9. AGE (n ye lost birthd	ears oyl Manths Days	F JNDER 24 HRS Haurs Min.
	10a USUAL OCCUPATION (Give kind of work done) 10b. during most of working life, even if retired) Miner	KIND OF BUSINESS OR INDUST	Greece	r fare gn country)	12. CITIZEN OF V	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	<u> </u>	Ha
	John Plakitsis		Katherine Pa	vouris		
į	15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. INI	FORMANT		Address Di	vision
		12-36-1034 Cli	n.Rec., Vet.Ad	m. Hospital.		
	Conditions, if ony, which gave rise to immediate couse (a), stating the under lying couse lost. Part II OTHER'S GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N				YEAR WAS AUTOPSY
	5 CHRONIC LYMPHATIC LEUKE					PERFORMED? YES 🔲 NO 🖪
		SCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in Po	art I or Part 11 of item 18)	
	ZOC TME OF INJURY Month, Doy, Year 20d the Hour a.m. 19 While of wal	Not while foch	CE OF INJURY (Home form ary, street, office bldg., etc.)	20f (City or town)	(Caunty)	(Stote
	21 I certify that (I) (this haspital) attends saw the deceased ative an Aug. 2. 22 SURATURE 22 AVIS CARAS AVIV DAME (Type) VALITURE / J. PIJANOWSKI. M	19_60, and that de	ATTENDING MET PHYS DIRI 22d ADDRESS	M, from the causes STAFF ECTOR STAFF PHYS. 3	2 1960 , that and an the date s	stated above 22b, DATE 8/3/60
	23a. BUR A., CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (C by 10		(Stote)
	Burial (4.9 6-176	Greek Orthodo	x		Maryland	
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC'D	BY REGISTRAR 255 F	REG STRAR'S SIGNATURE	
	John G. Connelly 3500 B	ank St., Balto.	Md DATE AU	G 5 '60	011-8-10	

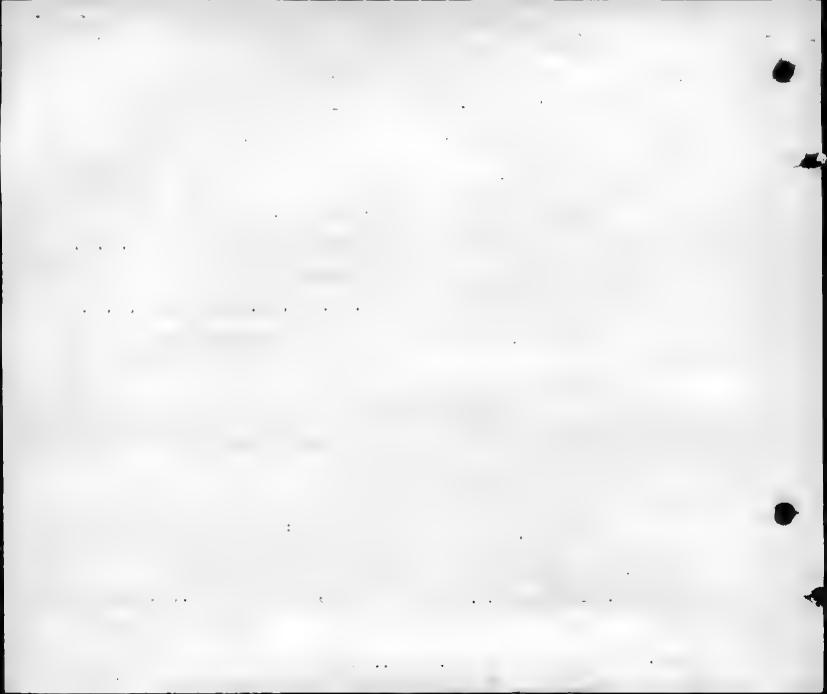
haurs after death

D FUNERAL DIRECTOR: A Sertificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove casban papers Pages 1 and 2 should be if the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hurs after death or ottending physician

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MYSICIAM: The low requires that the death certificate be executed within 24

TO HOSPITAL OR ATTEND may be retained by the h TO FUNERAL DIRECTOR: A VR A15 (4) 15M 9, 59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8904 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08877

Rea. Dist. No. Buzzuski i peziebu, et PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY Baltimore o. STATE Maryland Baltimore MARYLAND b. CITY OR TOWN III outside corporate nmits, write RURAL c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give negrest town) Cockeysville Cockevsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE 6 Parks Avenue 6% Parks Avenue YES INO NAME OF Middle DATE First Month Day OF DEATH 19 60 MAHLON McKINLEY POR August 17. (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED 🔯 NEVER MARRIED 🦳 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS Months Dovs Hours A&in White February 2. 56ym. Mal a WIDOWED | DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA H.T.Campbell Co. Maryland Quarryman- retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Clarence Poe Emma Jana Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give wor or dates of service) Mrs. Mahlon M. Poe. Cockeysville, Maryland ¤น6≕ถ7**-**-561.6 No None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN JONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED MAS AUTOPSY PERFORMED? NO P 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INDURY OCCURRED (Enter nature of injury in Port 1 or Port 1) of item 18.1 MEDICAL 20- TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (Stote) factory, street, office bldg., etc.) 69 min. While Not while at work of work D. m. 21. 1 certify that I taak charge of the remains described above, held an Autapsy . Inspection Inquiry . and find that death resulted fram: Natural causes Accident . Suicide , Hamicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [7] SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 1960 May's Chapel Cemetery Timonium. Marvland 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE John Burns' Sons, Towson, Maryland in d. France DATE AUG 2 4

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DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND 8905 CERTIFICATE OF DEATH 14-60-6 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Patterson Ph o. STATE MARYLAND CITY OR TOWN If ourside corporate limits write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 RURAL and give nearest lown) Baltimore Catonsville e IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS -Collington Ave OR INSTITUTION ON A FARM? YES I NO I Joseph Nursing Home 4. DATE NAME OF Year Middle Last Month OF DECEASED DEATH (Type or print) Aniela Polkowski 1960° 9 AGE (In years IF UNDER YEAR F UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months 78 Female DIVORCED [7] yrs WIDOWED X ξ 2. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) U.S.A Poland Wife House g(14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME (⊆ Unk. Unk. 17. INFORMANT Address IS. WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO ent M. Laurentia Tugwell Drive INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO Conditions if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. 6 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? ation, YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) MEDICAL 20e PLACE OF INJURY (Home form, 20f (City or town) (Stote) (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year foctory, street, office bldg., etc.) Hour o. m. While Not while ot work 🔲 of work 📋 p. m. A 4945 1, 19,69 that (1) (we) ast 12.40 .ta 2-1960, and that death accurred at 2-2M, from the causes and an the date stated above. saw the deceased alive an July 220 SIGNATURE ATTENDING DIRECTOR PHYS. M D 22d ADDRESS 22c PHYS C AN

tending physician. ificate has been signified buriol-transit p certificate DIRECTOR ō pe FUNERAL D 0

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death offend?

VR A15 (4 15M 9/59

Ozazewski Fred

23b DATE THEREOF

NAME (Type)

230 BURIAL CREMATION

Burial

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

1930 Eastern A**ve**

Sacred

ADDRESS

NAME OF CEMETERY OR CREMATORY

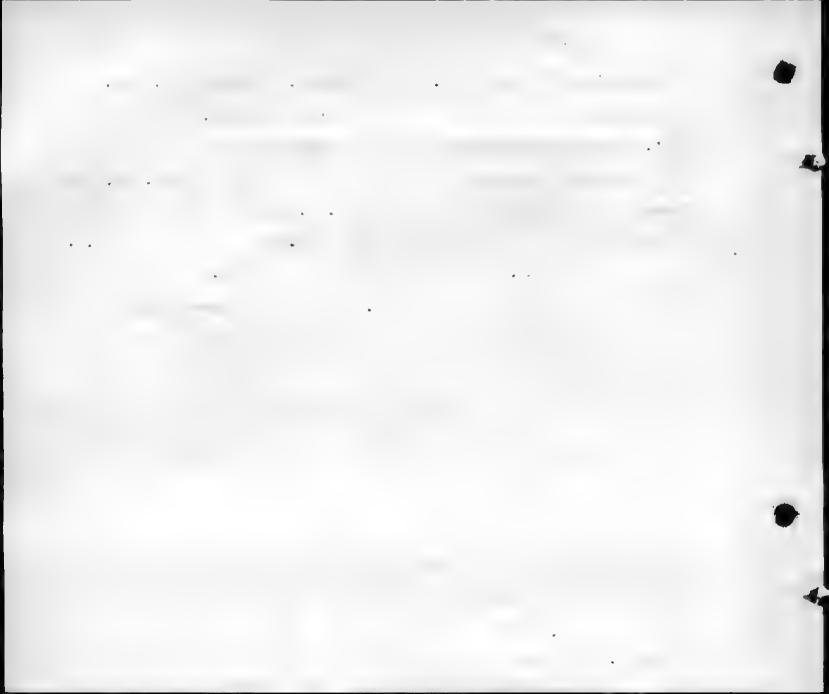
Heart

Off Mary Raltimore 250. REC'D BY REGISTRAR AUG 2 6 '00

DATE

256 REGISTRAR'S SIGNATURE J. 12 - 1 2 France (Stote)

23d LOCATION (City, town, or county)



08879.

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY Maryland b. COUNTY Raltimore MARYLAND Anne Arundel **c. LENGTH OF STAY IN 16** c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Fort Howard, Md. Annapolis d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 101 Chesapeake Avenue Veterans Administration Hospital YES NOX DATE First Middle Month Day Yanzu DECEASED EUCENE DEATH (Type or print) D_{-} RECKNER August 1960 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7 MARRIED THE NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years lost birthday) Months Days Hours Male White WIDOWED | DIVORCED | May 14. 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 C TIZEN OF WHAT COUNTRY? BIRTHPLACE (State or fore an country) Meversdale, Pennsylvania Painter-Retired Naval Academy U. S. A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Hezekiah Reckner Lillian Mull 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Yes WW Clinical Records VAH Balto 18 Md Ft Howard Div. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) BRONCHOPNEUMONTA BILATERAL RECENT DUE TO BRONCHOGENIC CARCINOMA, LEFT UPPER LOBE UNKNOWN Conditions, if any which gave rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS' PERFORMED? YES 🔯 NO ARTERIOSCLEROSIS. MARKED.GENERALIZED -OLD 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f (City or town) (Stote) Day. Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) 0. m. While Not while of work at work 21 I certify that (1) (this haspital) attended the deceased from June 8 , to August 8 19.60, that \$1) (we) last saw the deceased alive an August 8 1960, and that death accurred at M, from the causes and an the date stated above 22a SIGNATURE SIGNED ATTENDING PHYS MED DIRECTOR [STAFF PHYS 9/60 M.D. 22d. ADDRESS VAH.BALTIMORE 18, MD., FT. HOWARD DIVISION DONALDSON. 230 BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) REMOVAL (Specify) Burial Hillcrest Memorial Cemetery Annapolis, Maryland 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 6009 Harford Road 250 REC'D BY REGISTRAR AUG 1 2 '60 arthur & Kraus William Cook-Blight, Inc. DATE

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FUNERAL DIRECTOR: age 3 should be detect

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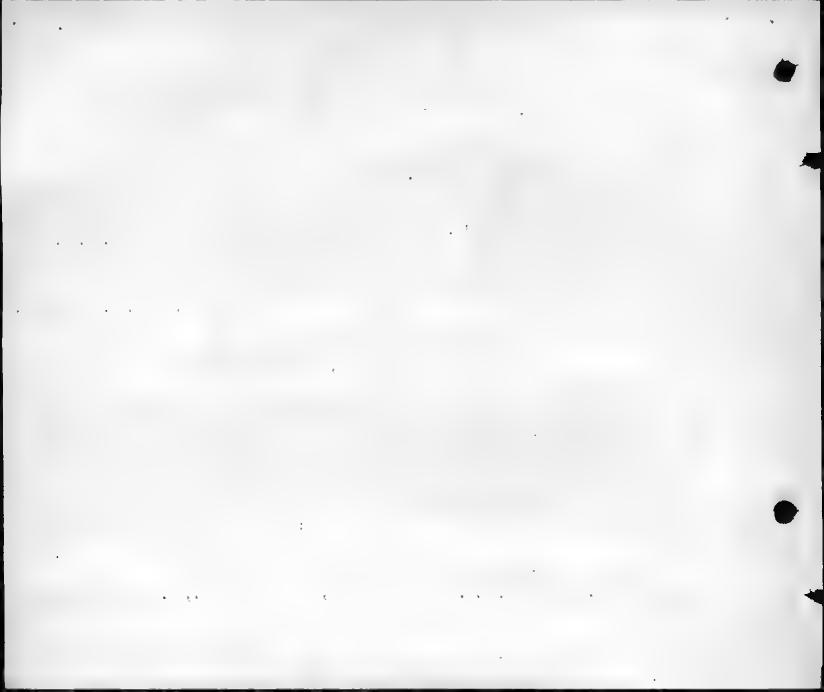
pleose

permit

peen :

law requires that the death certificate

William Cook-Blight, Inc. Baltimore 14, Maryland DATE
Shipped by hearsto: John M. Taylor, Duke of Gloucester St., Annapolis, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08880

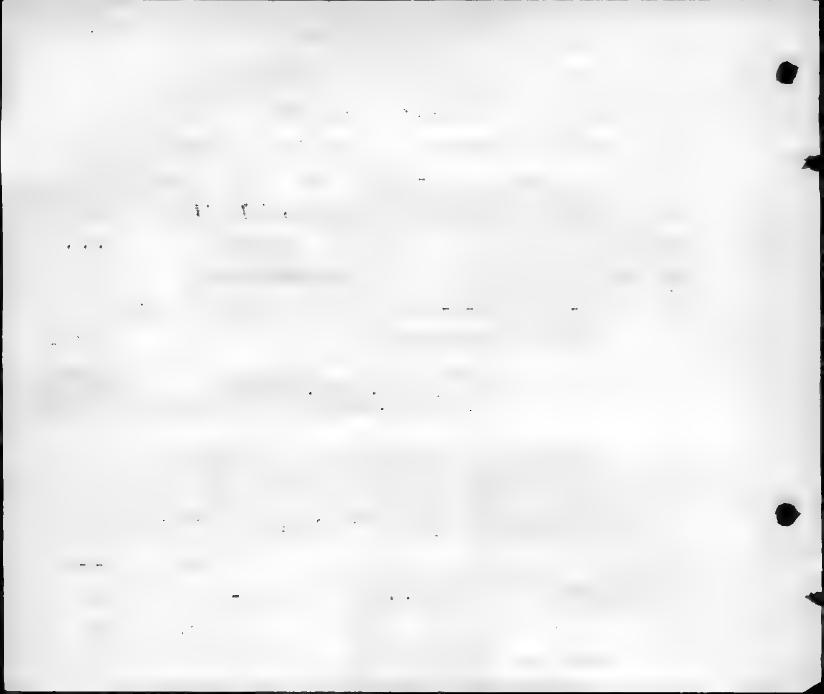
PLACE OF DEATH o. COUNTY RATHUTMERE	MARYLAND	2. USUAL RESIDENCE (Wo. STATE	ЬС	institution Residence	e before admission)
	OF STAY IN 16	c CITY OR TOWN (IF	outside corporate limits.	write RURAL and gi	ive nearest town)
FORT HOWARD /6 da	2/5	BALTIMORE		- 1	1
d NAME OF HOSPITAL (If not in haspitat, give street address) OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
VETERANS ADVINISTRACTION HOSPITE			CHASE STREET		YES NO
NAME OF First DECEASED (Type or print) ARTHUR	Middle	REOD	4. DATE OF DEATH	AUGUST	Day Yeor 19 60
SEX 6 COLOR OR RACE 7 MARRIED NEVE	R MARRIED [B DATE OF BIRTH	9 AGE (I		YEAR F UNDER 24 HRS
Lifeting Lifeting	DIVORCED 🗌	JANUARY 17.	1889 7/	yrs	
JSJAL OCCUPATION (Give kind of work done 10b, KIND OF BUS during most of working life, even if retired)	SINESS OR INDUS	STRY 11 BIRTHPLACE (STOT	e or fore an country.	12 CITIZ	EN OF WHAT COUNTRY
LABORDR			REINIA		U.S.A.
3. FATHER'S NAME		14 MOTHER'S MAIDEN	NAME		
JOHN REDD	. ,	4	CHICKAWOOD		
S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU Yes, no, or unknown) (If yes, give war ar dates of service)	RITY NO 17, IN	IFORMANT		Address	
YES WW-1 220-09-	0002 CI	IN REC VAH	BALTO MD	T HOWARD	DIV
18 CAUSE OF DEATH [Enfer on y one cause per line for (a), (b),	ond (c)]				NTERVAL BETWEEN
ART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) BRONC HOP	/IDUI/DATA		=		RECENT
Conditions, if ony, which) (b) EMPHYSEM					UNKNOWN
gave size to immediate		, MARKED, GET	WALTZED		
		ABDOMINAL	ATT COLLECTION		UNKNOWN
PART II OTHER SIGNIFICANT CONDIT ONS CONTRIBUT N			MINAL D SEASE COND T	ON GIVEN IN PART	
	NJURY OCCURRE	D. (Enter nature of injury in	Part I ar Port 11 of Hem	18 }	
20c TIME OF INJURY Month, Day Year 20d INJURY OCCU Haur a.m. p. m. 19 at wark of wark	ite Fed	ACE OF INJURY (Home, far story, street, office bldg , e	rm. 20f (C ty or town)	{C	ounty) (State
21 I certify that (this hospital) attended the de	ceased fram.	July 19,	260 . ta Augus	t. 4, 19.6	O, that 🕦 (we) las
saw the deceased alive an August 4, 19 6	O and that d	leath accurred ar	A, from the cau	ses and on the	date stated above
22a. SIGNATURE		ATTENDING	MED STAFF		22b. DATE SIGNEI
(1)	1	M D PHYS i	DIRECTOR PHYS		8-4-60
22c. PHYSICIAN'S NAME (Type) HOWARD KRAMER	M.D.	VAH BALT	OMD * FT H	OWARD DIV	TSTON
	OF CEMETERY O		23d LOCATION (City		(Stote)
BURTAL Specify 8-8-60 BALIT	THORE NA	TTONAT.	BALTIM		TAND
FUNERAL DIRECTOR'S S GNATURE	Preston S			b REG STRAR'S SIG	
Collick Funeral Home Baltimo			AUG 9 '60	Chilms 2	8. Kraus

TO HOSPITAL OR ATTEND

HYSICIAN: The law requires that the death certificate be executed within A law in user yourse.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, ar remayal, and transay event, within 72 haurs after death.

VR A15 (4) ISM 9759



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Red.	Dist	. W	a.'	~	4

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1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission
Baltimore MARYLA	o. STATE Maryland b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Sparchoros Pt-19	Dundalk
d SAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESID
Mar Cluc-	3007 Dunglow Road YES
3. NAME OF First Middle DECEASED	Lest 4. DATE 4 Month Day Year
(Type or print) Willis Hauck Reisinger	DEATH AUG \$/60
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
male white widowed to divokced	November 29 1928 31 yrs. Months Days Hours M
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC during most of working life, even if retired)	USTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO
steam ship	Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Willis T Reisinger	Mildred N Hauck
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO [1 [Yes. no, or withnown]] [If yes, give wer or dates of services]	. INFORMANT Address
	illis T Reisinger 3007 Dunglow Road
18 CAUSE OF DEATH [Enter only one cause partial for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)	6
1 50 X DUE TO	
Conditions, if any, which)	
gove rise to immediate cause	
(a), stoting the underlying OUE IO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	IT NOT RELATED TO THE TERMINAL DISEASE COND.T.ON GIVEN IN PART 1(a) 19 WAS AUT
\frac{\frac{1}{2}}{2}	PERFORM YES \(\square\) N
PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUT. ING TO DEATH BY 200. EXTERNAL CAUSE WAS PRIMARY ET OF CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH.	(Enter/noture of injury/n) Part I or Part II of item 18.)
CAUSE OF DEATH.	etrom Dont wellen Cut
3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 200/	PLACE OF INJURY (Home, form, 2014 (City or Jown) (County)
	actory, street, office bidg, etc) & 1+-19 Deuts 1x
21. I certify that I took charge of the remains described g	
	ivicide , Homicide , Undetermined cause .
maax	
SIGNATURE IN A DOWN MA	CHIEF MEDICAL EXAMINER []
SIGNATURE	ASSISTANT MEDICAL EXAMINER []
EXAMINER'S NAME (Type) M.B. Davis. M.D.	DEPUTY MEDICAL EXAMINER (I) 0/5/60.
220. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	
burial Aug 6/60 Oak Lavm Cem	(2.4)
	- Variation of the same of the
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO DEPUTY MEDICAL EXX.**NER: This certificate should be executed within 24 hours after death. If any delay is necessary, cute the certificate, which he word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 forwarded to the Chief Medical Examiner's Office along with farm PM3. Bage 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial. VS. A15ME(5) SM 9/55

or removal.



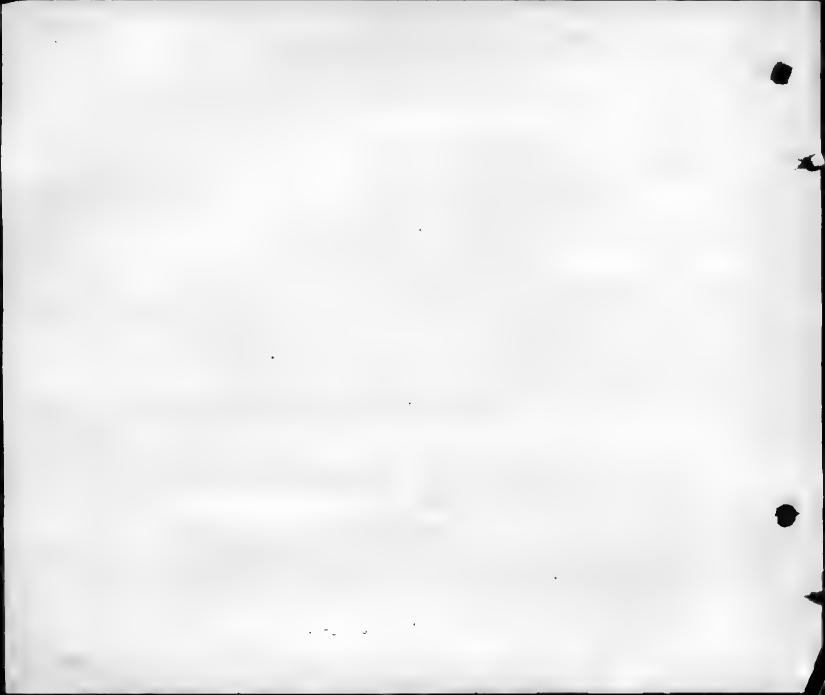
VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8909

10025

⊢		J-14-01/- 61
	PLACE OF DEATH BEHAMONE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY
	b CITY OR TOWN (If autside corporate limits, write RURAL and give pearest town)	c CITY_OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital give street address). OR INSTITUTION Privila Neve take fler pital	d street Address 1523 Eutaw Placo e is residence on a FARMY YES NOW.
	NAME OF DECEASED (Type or print) Laura Jane	Reno DEATH Ruge of 21, 19 to
	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	8. DATE OF BIRTH 9 AGE (In years last birthday) GH yrs Manths Days Hours Min
	0a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WITE	Vest Virginia 12. CITIZEN OF WHAT COUNTRY? U-5
	3 FATHER'S NAME Andy Sheets	Pauline Gady
	S WAS DECEASEDEVER IN U. S. ARMED FORCES? [Val., no., or unknown] [If yes, give wor or dates of service] [Ref]	NFORMANT 2 COPUS: Spr. 19 Groce Etate Hasp. tal-Catanin. 1k - Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiae Cai	USE INTERVAL BETWEEN ONSET AND DEATH
	Carditions, if ony, which gave rise to immediate DUE TO	Generalized Arterios decosis
	ly ng cause last (c) Chronic Bain Sydrome	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
		YES NO
7	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Part I ar Part I af Item 18.)
		LACE OF INJURY (Hame form, 20f (City or town) (County (State) actory, streat, affice bldg., etc.)
	21 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an August 21, 1960, and that	August 21, 1962, to August 4, 1960, that (1) (we) last death accurred at 25M, from the causes and on the date stated above.
	Lertru W. Flishum	MD ATTENDING MED. STAFF Aug 215 DATE SIGNED PHYS Aug 21/1/6
	22c PHYSICIAN'S NAME (Type) GERTRUDE) FLEISCH	41141VIV 42 Mayle Free Cot
	230 BURIAL EREMATION 236 DATE THEREOF BOOM NAME OF CEMETERY OF REMOVAL (Specify) 9 130 1 6 1 W PM NLO NLO	Ca. Solver Pathwore Med. (State)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REG STRAP'S SIGNATURE DATE OCT 3 '60
Į.		



CERTIFICATE OF DEATH

08882

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- 17	00	
 Diet	No	

			0. 0		Reg. Dist. No.	
o. COUNTY Ba	ltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla		on: Residence before admission)	
b. CITY OR TOWN I RURAL and give r	(If outside corporate limits, write earest town) Towson	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write R	URAL and give nearest town)	
OR INSTITUTION	TAL (if not in hospital, give street 5 Burke Avent		d STREET ADDRESS 5 Burk	te Avenue	IS RES DENCE ON A FARM? YES □ NO □	
NAME OF DECEASED (Type or print)	Suzanne	Middle	Reus	4 DATE Mon OF Augu		
Female	6 COLOR OR RACE 7 MAR		B DATE OF BIRTH	9 AGE (In years ost birthday) 72 yrs	IF UNDER 1 YEAR IF UNDER 24 HE Months Days Hours Min	
during most of wor	ON (Give kind of work done 10b king life, even if retired)	. KIND OF BUSINESS OR INDUS	STRY 11, BIRTHPLACE (Stote of Baltimo		12 CITIZEN OF WHAT COUNTRY	
B. FATHER'S NAME	Sewile		14. MOTHER'S MAIDEN N	IAME		
5	Thomas Vaughan		Alice	Pulliam		
15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S ARMED FORCES? 16 (If yes, give wer or dates of service)		ohn F. Reus,	r.,5 Burke A		
HEPA?	the under (c)	Contributing to death but	NOT RELATED TO THE TERMI	ie Figiluies	VEN IN PART 1(0) 19 WAS AUTOP	
20a ACC DENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port II or Port II of Item 18) CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
Y 20c. TIME OF INJU Hour o. m. p. m.	While	f	ACE OF INJURY (Home form clory, street, office bldg., etc.	(20) (City or town)	(County) (Stat	
21. I certify to alive an	hat I attended the decea 8/7 1995 C. Jawinsk	60, and that death		M, from the causes an	that I last saw the deceased an the date stated above state) 8/8/60	
PHYSICIAN'S NAME (Type)	Thaddeus C. St			na. Avenue, To	~~~~~~~~	
22a BJRIAL, CREMATIC REMOVAL (Specify BURTAL	8-10-60	Druid Ridge	Cemetery	Pikesville	8, Ma	
23. FUNERAL DIRECTOR Wm. Cook-To	rs signature Owson, 1050 Yor	k Road, Towson		AND	AMARIS SIGNATURES	

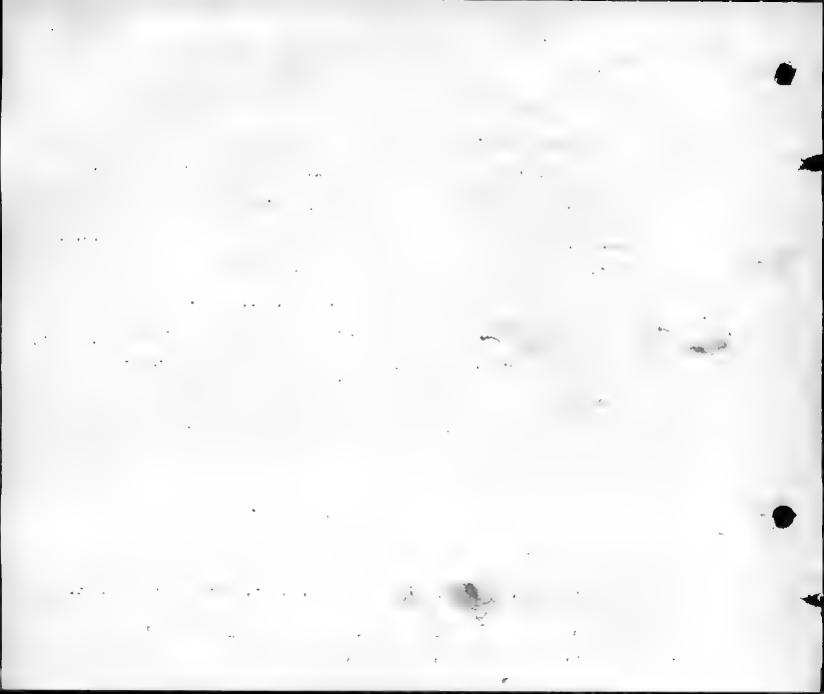
the funeral should le fi

in by and 2

Filled i Poges 1 and campletely fi ton papers Page r death. physician o within 72 haurs aftending p ā

may be relained by the k.
TO FUNERAL DIRECTOR: A page 3 shauld be described. VS A15 (4)

TSM 9/58



802	CERTIFICATE OF DEA
	TI

EATH	Reg	Dist	M19	88	
					-

0.000				Reg Dist	Nº.
PLACE OF DEATH O. COUNTY Balto.	MARYLAND	2. USUAL RESIDENCE (Who		COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest tawn) Reisterstown	c. LENGTH OF STAY IN 15	c CITY OR TOWN (If ou	*		
d NAME OF HOSPITAL (If not in hospital, give stree CLEN TAILTON Road	oddress)	Reistersto d street ADDRESS Glen Falls			e IS RESIDENCE ON A FARM?
NAME OF First	Middle	Lost	4. DATE OF	Month	YES NO A
(Type or print) GET GE U 2	Effie	Rimbey B DATE OF BIRTH	DEATH		1960 19
Formalo White	RRIED 🔼 NEVER MARRIED 🗍	Sept.3. 1879	80	4 4 4 4	Doys Hours Men
o USUAL OCCUPATION (Give kind of work done lot during most of working life, even if retired) Housewife	s. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slote of Penna		12. CITIZ	EN OF WHAT COUNTRY USA
FATHER S NAME		14. MOTHER'S MAIDEN N	AME		
William Smith		Unkr	lown		
WAS DECEASED EVER IN U. S. ARMED FORCES?	S SOCIAL SECURITY NO	NFORMANT	-,, -, -, -, -, -, -, -, -, -, -, -,	Address	
m, no, or unknown) No (If yes, give wor or dates of service)	None Mr	. George C. Ri	imbey	Reisterst	own, Md.
18 CAUSE OF DEATH [Enter only one couse per	line for (o) (b), and (c).]	- A	,		INTERVAL BETWEEN
Conditions if ony, which gove rise to immediate couse (a), stating the under. lying couse tost	114	2,327	A sec t see		1 1
PART II OTHER SIGNIF CANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM N	IALD SEASE COND	TION GIVEN IN PART	1(a) 19 WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING [] CAUSE OF DEATH-	SCRIBE HOW INJURY OCCURRE	Center noture of injury in P	ort I or Part II of it	tem 18)	
Hour o.m. Whil	2	ACE Of INJURY (Home, form tory, street, office bldg., etc.)	201-1City or tow	n) (Co	ounty) (State
21. I certify that I attended the deced	osed from /	7-19/	1 110	., 19,that los	t sow the deceose
actual signature	and that death		M, from the condenses process, circum		date stoted obov
PHYSICIAN'S / IM2-5 5	- YAH Fe!	Nit Re	·5781	STEWS	< X(-/
o. B. RA. CREMATION, 226 DATE THEREOF REMOVAL (Specify) Aug. 3, 1960	22c. NAME OF CEMETERY O		Balto.	Co.	(Stole)
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR	24b REGISTRAR'S SIG	
	sterstown. Md.	DATE AL	G 4 '60	Christma S.	

TO HOSPITAL OR ATTENDY—PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, may be retained by the Hamber of an attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in by the funera, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours ofter death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08884

		GERTII ICA	TIE OF DEATH		
1. PLACE OF DEATH			2. USUAL RESIDENCE (W	nera deceased lived. If institution-	Residence before admission)
B. COOKIT	Baltimore	MARYLAND	Md.	b. COUNTY E	Baltimore
b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RUR/	Al. and give nearest town)
	sdowne		X Lansdow	ne	
	TAL (If not in hospital, give street		d STREET ADDRESS		e 15 RESIDENCE ON A FARM?
	202 Hillenda	le Road	305 Hil	lendale Road	YES NO K
NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Barbara	D.	Robinson	DEATH August	
S. SEX	6. COLOR OR RACE 7 MAR	RIED 📉 NEVER MARRIED 🔲	B. DATE OF BIRTH	ן (lost birthdoy) אין (lost birthdoy)	UNDER 1 YEAR IF UNDER 24 HRS
female	white widow		June 28,18	95 65yrs.	
Do. USUAL OCCUPAT (during most of worl	ON (Give kind of work done 10b king life, even if retired)	KIND OF BUSINESS OR INDI	STRY 11. BIRTHPLACE (Stote	ar foreign country)	12 CIT ZEN OF WHAT COUNTRY
housewi	.fe		Baltimo	re, Maryland	U. S. A.
3. FATHER'S NAME			14 MOTHER'S MAIDEN I	AWE	
John Wa			Barbara ?		
	R IN U. S ARMED FORCES? 16. (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address	Lansdowne, M
no		<u> </u>	lter W. Rob	inson 202 Hil	lendale Rd.
	ATH [Enter only one couse per l	ine for (o), (b), and (d).]	, 0 0	h d	INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary	terembo	seg-	Sudden
	DUE TO	2 5	-0 1	1 2	
Conditions, if o		berosche	rote C	VD	2 yro
gove rise to i					
lying cause lost	(c)				
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
3	Jua	beles mell	ilus		YES NO
OR CONTRIBUTING	AS UNDERLYING TO 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part Lor Port 11 of Item 18)	
20c. TIME OF INJUR			LACE OF INJURY (Hame, farractory, street, office bldg., ele	n. 20f. (City or town)	(County) (Slate
Hour g. m.	19 While of wo	PADI WITHE	uciury, sneel, unice blug., eli		
21 1 certify the	at (I) (this hospital) aften	ded the deceased from	June 10	52 to August 1	, 19 60 , that (I) (we) os
sow the dicceo	· · · · · · · · · · · · · · · · · · ·			M, from the couses and	
220 SUSTANURE			dediti oscorito de in		22b DATE/
Mark	ed L. Oser	release	M D PHYS D	ED STAFF IRECTOR PHYS	8/376
22c PHYS C AN S NAME (Type)	1		22d ADDRESS		17
60.0	lerbert J. Le	vickas. M. I	5305 Ea	st Drive or 2	436 Wash Blv
230 BUR AL, CREMATIC	ON 236 DATE THEREOF	23c NAME OF CEMETERY		23d LOCATION (City, tawn, or i	
Burial (Spec fy)	8/4/60	Meadowrid	ge Cemeters	Elkridge,	Maryland
24 FUNERAL DIRECTOR		ADDRESS	250 REC	D BY REGISTRAR 256 REGISTR	AR'S SIGNATURE
Howard H	. Hubbard 41	.07 Wilkens	Avenue DATE A	UG 4 '60 air	hus S. Kraus

may be retained by the first of an attending physician.

D. FUNERAL DIRECTOR: At 7 this certificate has been signed by the attending physician and campletely fulled in by the funeral G epoge 3 should be detached for use as the burial-transit permit. Then please remaye capton papers. Pages 1 and 2 should be filed the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. INVSICIAN: The law regures that the death certificate be executed within 24 hours after death TO HOSPITAL OR ATTENDIT TO FUNERAL DIRECTOR: AL VR A15 (4) 1SM 9759

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ectar,

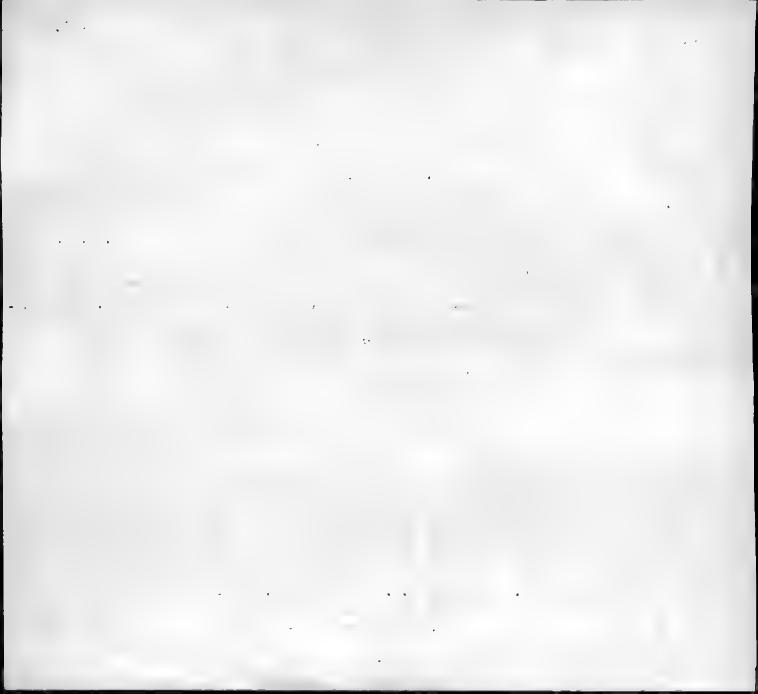
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1

1	Ð	Ø	3	1
1	U	V	U	4

0023						
o. COUNTY IMORE BEITTIMORE	MARYLAND	2 USUAL RESIDENCE (Who state Maryland	ere deceased lived If institution, Reside b. COUNTY	nce before odmission) Arundel		
b C TY OR TOWN (If outside corporate limits, write c RLRAL and give nearest town) Fort Howard, Md.	LENGTH OF STAY IN 16	Glen Burr	atside corporate limits, write RURAL and	give nearest town)		
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
Veterans Administration H	ospital	305 KBLE	igh Road	YES NO 🔀		
3 NAME OF First DECEASED (Type or print) HAROLD	M.ddle	ROBINSON	4 DATE Month OF DEATH August	30 19 60		
S SEX 6 COLOR OR RACE 7 MARRIED Male Negro WIDOWED [s date of Birth September 14,1	lost birthday! Months	R 1 YEAR IF UNDER 24 HRS Days Hours Min		
10a USUAL OCCUPATION (Give kind of work done 10b KIN		- /		IZEN OF WHAT COUNTRY?		
during most of working life, even if refired}	emical Compa			U. S. A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
George Thomas Robinson		Queen Matthe	ews			
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO((Yes, ne, or unknown) (If yes, give wor or dates of service)	CIAL SECURITY NO. 17 IN	FORMANT	Address			
	-14-1576 C1:	inical Records	,VAH, Balto.18,Md.	FT. HOWARD DIV		
1B. CAUSE OF DEATH [Enter only one couse per line for	or (o), (b), ond (c) }			INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY. BRONCHOPNEUMONIA, RIGHT LUNG RECI						
X XXXX						
Conditions, if ony, which) HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE UNKNOWN						
couse (a), stoting the under	gove rise to immediate couse (a), stating the under					
lying cause last. (c) ACUT	E GASTRITIS			RECENT		
PART II OTHER SIGNIFICANT COND T ONS CON ACUTE TOXIC HEPATITIS,		NOT RELATED TO THE TERMIN	NAL D SEASE CONDITION GIVEN IN PA	RT 1(0) 19 WAS ALTOPSY PERFORMED?		
3 ACUTE TOXIC HEPATITIS,	RECENT			YES 🔼 NO 🗌		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort Lar Port 1 of item 18)			
7 20c TIME OF INJURY Month, Doy, Year 20d INJJ Hour o m. While p.m. 19 ot work	RY OCCURRED 20e. PL/ Not while for or work	ACE OF N.URY (Home, form, ctory, street, office bldg., etc.)		(County) (State)		
21 I certify that (1x(this hospital) attended sow the deceased alive an August 3	the deceased fram. O19 60, and that c	August 28 196	M, from the causes and an th	oo, that (1) (we) last the date stated above.		
220 SIGNATURE	-01	ATTENDING ME		225 DATE 8/30/6		
PREDERICK S. DONA	LDSON, M.D.	VAH, BAITO.	.18 MD, FORT HOWARI	DIVISION		
230 BURIAL CREMATION, 235 DATE THEREOF 2	3c NAME OF CEMETERY O	R CREMATORY	23d LOCAT ON (City town, or county)	(State)		
Burial 8-4-60	Baltimore Na	tional Cem.	Baltimore	Maryland		
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS De 3 de 3		BY REGISTRAR 2Sh REGISTRAR'S S SEP 1 3 '60	IGNATURE		
Elroy Wilson, 1000 Brantley	Ave., Balto.	MC. DATE	COMM	a. /Walla		

the State Board of Health prior to burial, cremation, ar removal, and in any event, without



08885

PLACE OF DEATH						
Baltimore MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution o. STATE Maryland b COUNTY	Residence before admission) Baltimore				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson	c. CITY OR TOWN (If outside corporate limits, write RUE) Town	(AL and give nearest town)				
d. NAME OF HOSPITAL (If not in haspito, give street oddress) OR INSTITUTION 613 E. Joppa Road	d. street address /613 E. Hoppa Road	e. 15 RESIDENCE ON A FARM? YES NO				
NAME OF First Middle DECEASED (Type or print) Muriel Alice Robinson	tast 4. DATE Month OF DEATH August 1	Day Year 4. 1960 19				
Female White WIDOWED DIVORCED	Sept. 12, 1914 doi: birthdoy) 75	FUNDER TYEAR IF JNDER 24 HR. Months Days Hours Min.				
Od USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home	JSTRY 11 BIRTHPLACE (State or foreign country) Now York	12 CITIZEN OF WHAT COUNTRY USA				
FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Peter Caddell	Harriett Burns					
(Yes, no, or unknown) [(If yes, give wor or dates of service)]	INFORMANT Addres					
No None Wi	illiam S. Robinson, Sr., Tows	on, Maryland				
18 CAUSE OF DEATH [Enter only one couse per Int for (a), (b), and (c).]	X	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) ACCURATION OF THE CONTROL OF THE CAUSE (c)						
DUE TO						
001.10						
(Anounded)	VA Mean					
Conditions, if any, which	Ch Breast					
gove rise to immediate	Rt Breast					
gove rise to immediate	Rf ISread					
gove rise to immediate couse (a), stating the under-lying cause last.	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	N IN PART 1(0) 19 WAS AUTOPS				
gove rise to immediate couse (a), stating the under-lying cause last.	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?				
gove rise to immediate couse (a), stoting the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IT	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN ED. (Enter noture of injury in Port 1 or Port II of Item 18.)	N IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES NO				
gove rise to immediate couse (a), stoting the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e P		PERFORMED?				
gave rise to immediate couse (a), stoting the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED (White Not while of work 19 m 19 of	ED. (Enter nature of injury in Port 1 or Port II of Item 18.) LACE OF INJURY (Home, farm 20f (City or Iown) actory, street, office bldg., etc.)	(County) (State				
gove rise to immediate couse (a), stoting the under. Value Indian In	ED. (Enter noture of injury in Port 1 or Port II of Item 18) LACE OF INJURY IHome, form octory, street, affice bldg, etc.) 19681a	(County) (State				
gave rise to immediate couse (a), stoting the under.	ED. (Enter noture of injury in Port 1 or Port II of Item 18) LACE OF INJURY (Home, farm 20f (City or Iown) actory, street, affice bldg, etc.) AMAN O 1968, 1a (Mg/4) 4 death occurred at 720M, fram the causes and ATTENDING PHYS DIRECTOR PHYS 22d ADDRESS AOSK AS. C	(County) (State of the date stated above of 16 16 16 16 16 16 16 16 16 16 16 16 16				
gave rise to immediate couse (a), stoting the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED While Not while of work 19 m 19 m	ED. (Enter noture of injury in Port 1 or Port II of Item 18) LACE OF INJURY (Home, form 20f (City or Iown) octory, street, affice bldg, etc.) death occurred at 720M, from the couses and ATTENDING PHYS DIRECTOR PHYS 22d ADDRESS OR CREMATORY 23d LOCATION (City, town, or	(County) (State of the date stated above of the date stated above of the date				
gove rise to immediate couse (a), stoting the under. Value Indian In	ED. (Enter noture of injury in Port 1 or Port II of Item 18) LACE OF INJURY IHome, form octory, street, office bidg, etc.) 120 (City or lown) 120 (Lity of Iown) 120 (Attending Medical Physics and Medical Physics Application (City, town, or Parkville, Mar	(County) (State of the date stated above of the date stated above of the date				

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO HOSPITAL OR ATTENDED

VR A15 (4) 15M 9/59

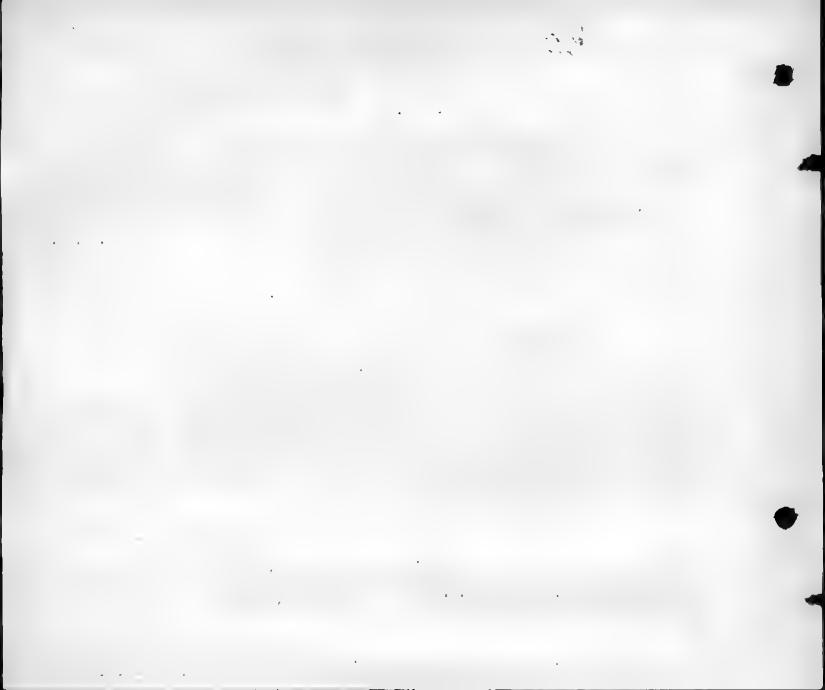


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 08886 TIMGLU PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of Institution Residence before admission) a. COUNTY o STATE **b** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate/limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAs and give nearest town) 20 RURAL and give heorest town) g P CCNCS d NAME OF MOSPITAL (If not in haspital, give street address) OR INSTITUTION M. STREET ADDRESS S RESIDENCE in by and 2 YES | NO | NAME OF Middle DATE Month Year filled ges 1 (DECEASED death. (Type or print) DEATH 100 5 SEX 6 COLOR DIR 8. DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEYER MARRIED lost birthday) Months Doys Hours Min. DIVORCED | WIDOWED P papers 773 퓽 cample 100 LSLAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (State or foreign country) 12. CIT ZEN OF WHAT COUNTRY? during most at work fig big even if reticled and bon 09 13 FATHER'S NAME 14 MOTHER'S MA, DEN NAME physici 16. SOCIAL SECURITY NO 17, INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes, give wor or dotes of service) offending 18. CAUSE OF DEATH [Enter unly one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH ᇻ PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' the The **DUE TO** requires that á permit. lavo Conditions, if any, which te hos been signed gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. physician (c) 6 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III 19 WAS AUTOPSY CATIO PERFORMED? YES NO ZIottending 200 ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or lown) (Stote) (County) factory, street, office bldg., etc.) Hour a.m. While Not while 14:5 at work 🔲 al work 19_69, that (1) (we) last 2) I certify that (I) (this hospital) attended the deceased from sow the deceased alive on Clack 19,60, and that death-occurred at M, from the causes and on the date stated above. Heal DIRECTOR 22a SIGNATURE 226 DATE SIGNED ATTENDING STAFF PHYS M D should 22c AYSICIAN'S 22d. ADDRESS may be retain 5 FUNERAL (m 23a BUR AL CREMATION 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY page the St REMOVAL (Special) amova o 25b REG STRAR'S SIGNATURE 250 REC'D BY REGISTRAR VR A15 (4)

15M 9/59



HOSPI



may be retained by the solution of an attending physician.

**O FUNERAL DIRECTOR: A his certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death

HOSPITAL OR ATTENI

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

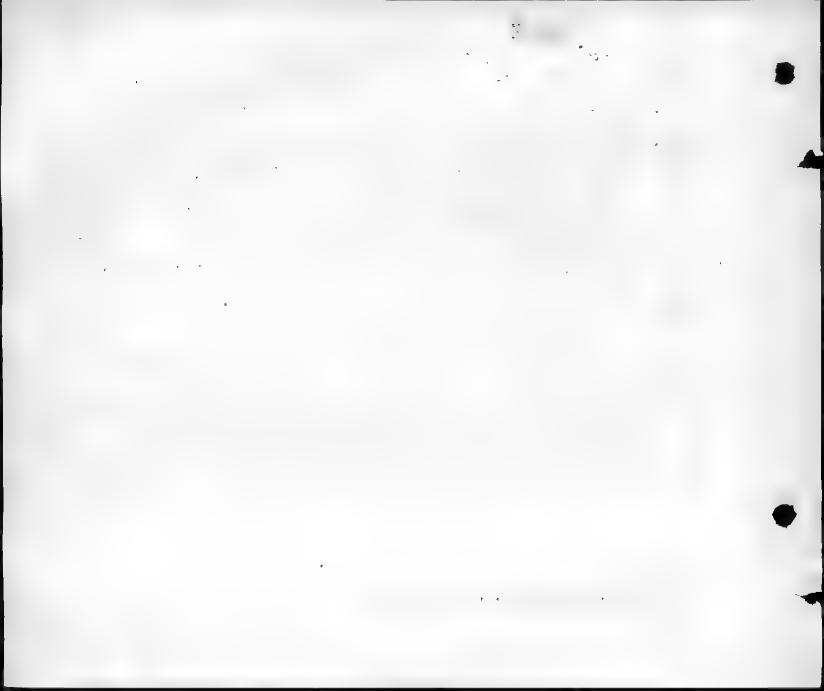
10039

8	9	1	Fi Ki
DEATH			

	PLACE OF DEATH COUNTY Baltimore			MARY	LAND	2 USUAL RESIDENCE 0. STATE Marylar	(Where decease	d lived If natituti b COUNTY	on Residence before	re admissio	in)
	b CTY OR TOWN (if outside a RURAL and give nearest town	orporote limits, v	vrite c. LE	NGTH OF STAY	IN 16	c CITY OR TOWN	(If outside corp	prote limits, write R	URAL and give ne	arest town)	
	Fort Howard			Hours	ļ	2629	Baltimo	re, 30			
Ì	d NAME OF HOSPITAL (If not OR INSTITUTION	in haspital, give	street addres	4)		d STREET ADDRES	5			4 IS RESID	DENCE ARM?
1	Veterans Adm	inistrat	ion Ho	ospital		2620 Ke	ent Stre	et		YES 🗌	
-	3. NAME OF DECEASED	First		Middle		Last ,	4. DATE OF	Mon		ау Ү	ear
	(Type or print)	JOHN		C.		CHULTZ	DEATH	Augus	t 31	1:	9 60
	S. SEX 6. COLO	R OR RACE 7.	MARRIED 🔼	NEVER MARRIE	0 🔲	DATE OF BRYH		9. AGE (In years lost birthdoy)	Months Days		Min.
-	Male Ne	gro w.	DOWED 🗍	DIVORCE		March 8, 19	907	53 yrs	Months Days	Hours	Willia.
	10a USUAL OCCUPATION (Give a during most of working life, e	ind of work done	106, KIND	OF BUSINESS OF	RINDUS	TRY 11. BIRTHPLACE (S	itate or foreign o	country)	12 CITIZEN O	F WHAT CO	DUNTRY?
	Cook	,	Set	ton Inst	itut	e Lovejoy	, Illino	ois	U	5. A.	
-	13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME				
	Don Schultz					Ella Rand	dolph				
	IS. WAS DECEASED EVER IN U. S. [Yes. no. or unknown] (If yes, give of	ARMED FORCES	? 16. SOCIA	L SECURITY NO.	. 17 IN	FORMANT		Add	ress		
	Yes WW		1		Cli	n.Rec.VAH,	Baltimo	re 18,Md	.FT.HOWA	RD DI	VISIO
	18 CAUSE OF DEATH [Ente	anly one couse	per line for	(a), (b), and (c)	}				ואו	ERVAL BET	WEEN
	PART I. DEATH WAS O	AUSED BY:	COR F	PULMONAL	E					JNKNOV	
	424	DUE TO								CALCADA M.	
	Conditions, if ony, which	(b)									
	gave rise to immediate couse (a), stating the under	DUE TO									
	lying couse lost.	(c)									
	PARE II OTHER S GNI		ONS CONTR	BUTING TO DE	TH BUT	NOT RELATED TO THE T	ERMINAL D SEA!	E CONDITION GIV	PART 1(a)	19 WAS A	UTOPSY
	ARTERIOSC	EROTIC	HEART	DISEASE						YES [41.14.1
	200 ACCIDENT WAS UNDER!	OF DEATH	DESCRIBE I	HOW INJURY OF	CCURRED	(Enter nature of injury	y in Part I or Pa	rt II of (tem 18.)		-	
	20c TIME OF INJURY Month	Day Year	20d INJURY	OCCURRED		CE OF INJURY (Home,		y or tawn)	(County)		(State)
	Hour a.m.		While It	Not while	rac	tary, street, office bldg	, etc)				
	21 I certify that (4) (th				s F	3/31/60 1:0	Q_PM	8/31/60	7:00 PM	454715 /-	-> 1 - 4
	saw the deceased aliv	s naspilal) a	1/60	10 60	rrom >	eath accurred at	7P 44 6		of an the date	hatX(I) (w	
1	220 SIGNATURE	: dn0/_J:		AA	that a	earn accurred or_	III TVI, From	ine causes or	a an the date		DATE
	Fradalin		1-1011	all		ATTENDING PHYS	MED D RECTOR	STAFF PHYS X		B	SIGNED E
	22c PHYSICIAN'S	1	ZZ P G	Chill.		22d ADDRESS	O KLCTOK L	11113			ZL-L.
ĺ	FREDERICK S.	DONALDS	ON, M.	D.		VAH, BALTI	MORE 18	,MD.FORT	HOWARD,	MARYI	AND
	23a BUR AL, CREMATION 23b. (DATE THEREOF		NAME OF CEME	TERY OF	CREMATORY	23d LOCA	TION (Cily, lawn,	ar county)	(State)
	Burial 9	6/1960		altimore			Balti		Mar	yland	
i	24 FUNERAL D RECTOR'S SIGNAT		,	ADDRESS		25a	RECID BY REG S	JRAR 256 REG	STRAR'S SIGNATU	IRE	
	Isaiah Brown &	Son, 108	W. Mo	ntgomery	st.			01/	12.11.	Ed.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



¥	0014	CERTIFICA	TIE OF DEATH	Reg. Disi	. No.
-	1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceded on STATE	osed lived. If institution: Residence A	e before admission)
$\langle I \rangle$	RURAL and give nearest, town)	LENGTH OF STAY IN 16	c. CITY OR TOWN III putside co	rporate limits, write RURAL and gi	ve nearest fown)
\ \	d. NAME OF HOSPITAL (If not in hospital, give street odds OR INSTITUTION 3. NAME OF Fint	ress) Read Middle	d STREET ADDRESS	alla Ron	IS RES DENCE ON A FARM? YES NO 2
	OPECEASED (Type or print) HENRIE T	TAA.	S C O T / DEA		Day Year 3 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH		YEAR IF UNDER 24 HRS Days Hours Min
	10a USUAL OCCUPAT ON [Give kind of work done 10b. KIN during most of working life, even if retired)		TRY 11, BIRTHPLACE (Stote or foreign	7-8 O 7 '	ZEN OF WHAT COUNTRY
	13. FATHER'S NAME	HOME	14 MOTHER'S MAIDEN NAME	one Mill	
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOC	REEN 12. 11	SARAH	Dixo	N
	[Yes, no. or unknown] [If yes, give wor or dottes of senses]	E	STER S	Address (134 111.5 120
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	or (a), (b), and (c)	P Carl - 1. 12.	1.61.4	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (6)	HADVE IT	DULLANT GULLA	to of a fail	2 4 ca W
	Conditions, if any, which gove rise to immediate	Can- Sch	CO45		341200
	Catse (a), stating the under- lying cause last. DUE TO				
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO 19
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIB OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED). (Enter nature of injury in Port I or I	Port II of item 18)	
	z	Not while of work	CE OF INJURY (Home, form, 20f (Cory, street, office bldg., etc.)	(Co	ounty) (Stote)
	21. I certify that I attended the deceased	The second secon	, 19 4C, 10 5 ~		ast saw the deceased
1	alive an 8 - 12 6	, and that death		am the causes and an the (Street, city or town, state)	e date stated abave DATE SIGNED
/	SIGNATURE STOME & J. COM.	161	AD 489 AU	4 St. Baller	7 - VAEL
	PHYSICIAN'S JOHNE.T. C	AMPER	639 h. Carrey	St. Balb. 1	7.M.al
	220. BURIAL, CREMAT ON, 226. DATE THEREOF 22	PALL X	CREMATORY 22d. LOC	CATION (City, town, or county)	(Stote)
M of	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 3 C 3	24a. RE NNO 186	ISTOR 24. REGISTRAR'S SIPH	AGEIRE .
11	war to hu	Co. no	DL AG DATE		

may be retained by the plant of or attending physician.

O FUNERAL DIRECTOR: It is certificate has been signed by the attending physician and campletely filled in by the funeral exterior, page 3 shauld be detach. Far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to buriar, cremation, ar remaral, and in any event with n 72 hours after death.

TO HOSPITAL OR ATTENT: 4G PHYSICIAN: The low requires that the death certificate be executed within 24 may be retained by the contending physician.

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and campletely filled

VS A15 (4) 15M 9/55

haves after death.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

08890

0910	Tham I to the	IL OI DEATH		
1 PLACE OF DEATH		2 USUAL RESIDENCE [Where dece		Residence before admission)
o. COUNTY Baltimore	MARYLAND	o. STATE Maryland	b. COUNTY	Baltimore
b CITY OR TOWN (If autside corporate limits w RURAL and give nearest town) Catonsville	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside co		L and give nearest tawn)
d NAME OF HOSPITAL (IF not in hosp tol, give : OR INSTITUTION	73 - 7	d STREET ADDRESS		IS RESIDENCE ON A FARM?
Private home - 17	Bishors Lane	/ 17 Bishop	3 Lane	YES NO
3. NAME OF DECEASED.	Middle	Lost 4. DAT	E Month	Day Year
(Type or print) John	Edward	Seicke DEA	8	14 19 66
5 SEX 6 COLOR OR RACE 7	NATIONAL DESCRIPTION OF THE PROPERTY OF THE PR	B. DATE OF BIRTH	lost birthday) M	UNDER 1 YEAR IF UNDER 24 HRS
- 101 1111 0C	DOWED DIVORCED	3-11-1880	80 yrs	
10a USUAL OCCUPATION (Give kind of work done during mast af working life, even if retired)	106 KIND OF BUSINESS OR INDI	JSTRY 11 BIRTHPLACE (State or fareig	in country)	12 CITIZEN OF WHAT COUNTRY
Painter	Ret.	Maryland		U* ⁵ 5.
18. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Adloph Seicke		Bur	pert	
15 WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, as or unknown) (If yes, aver wor or dates of service		INFORMANT	Address	
(Yes, five wor or dates of service		rs Eleanor Baker	Ellicott (City.Md.
18. CAUSE OF DEATH [Enter only one couse	per line for (a), (b) and (s) 17	3=/ 3/	, !	INTERVAL BETWEEN
PART DEATH WAS CAUSED BY.	Qui	icular 205111	otion	ONSEY AND DEATH
MMEDIATE CAUSE (a) PUE TO	(1) 1 1	1	//	0(1/(1/2)
Canditions, if any, which)	Cardio -V	ascular henni	LIJORSO	5 1/861:
gave rise to immediate			0.4.4.	7
cause (a), stating the under-				,
/ [%]	IONS CONTRIBUTING TO DEATH BU	T NOT DE ATED TO THE TERMINAL DE	EASE CONDITION CIVEN	IN PART I(a) 19 WAS AUTOPSY
CATIC	ONS CONTRIBUTION TO DEATH BU	I NO RECUED TO THE TERMINAL D.S.	EASE CONDITION STATIN	PERFORMED? YES NO
206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	5. DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in Part ar	Part II of Hem 18)	
			City or tawn)	(Caunty) (State
Hour a.m. 19	While Not while To twork To the Nork To the North To the Nort	actory, street, office bldg , etc.)		
	standed the deceased from	3,3/ 1,55	8:14	, 1960, that (I) (we) los
saw the decreased alive on		death accurred on Sch, M, fro	om the couses and	
22a SIGNATURS	117			J225 DATE
Coror so	Wan	M D PHYS DIRECTOR	TAFF PHYS	8.15.6
22c PHYSICIAN'S TERRE	URBAN	22d ADDRESS -	rederick qu	1 28 Md
230 BUR AL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY 23d LC	CATION (City town, or c	ounty) (State)
Burial 8-17-1960	Good Shepher	a H	loward County	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC D BY RE	GISTRAR 256 REGISTRA	AR'S SIGNATURE
manatt sor	301 Frederick	Ave-28- DATE AUG 1	8 '60 and	Chur S. Kraus

may be retained by the for a rattending physician D. FUNERAL DIRECTOR: At 5t this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed the State Board of Health priar to burial, cremation, ar remayol, and in any esent, within 72 should after death. EHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death may be retained by the TO FUNERAL DIRECTOR: At ST TO HOSPITAL OR ATTEND

VR A15 (4) 15M 9/59



8803 **CERTIFICATE OF DEATH**

000.			· ·	149. DIII. 110.
o. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (WHO O. STATE Md.	nere deceased lived. If institutions b. COUNTY	Residence before odmission) Balto.
b CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town) Reisterstown	te c. LENGTH OF STAY IN 16	1 5 2	outside carporate limits, write RUR eisterstown	(AL and give nearest town)
d. NAME OF HOSP TAL (If not in haspital, give strong in institution 112 Butler Road	eet address)	d STREET ADDRESS	Butler Road	on a farm? YES NO 🔀
3 NAME OF DECEASED (Type or print) Mary	Middle D lizabet	n Shaeffer	4. DATE Month OF DEATH August	17, 1960 Year
771-3-4-	THE	B DATE OF BIRTH May 20, 1879		FUNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min,
10a. USJAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired) HOUSEWOYK	ION KIND OF BUSINESS OR INDU		or fore gn country) yland	12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME Pat erick McCartin		14 MOTHER'S MAIDEN Mary ST		
15 WAS DECEASED EVER IN U. S ARMED FORCES? (Yes. no. Northnown) (If yes, give her or dates of service)		r. J.E.Shaeffe	er Reisterst	
1B. CAUSE OF DEATH [Enter only one cause per PART I DEATH WAS CAUSED BY: IMMED ATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to mmediate cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION	HAR	T NOT RELATED TO THE TERM	NALD SEASE CONDITION GIVER	IN PART I(a) 19/ WAS A JTOPSY YES NO NO
200 ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in	Port I or Part II af item 18.)	1.00 100
A Hour o.m. W	d INJURY OCCURRED hite Not white work at work .	ACE OF INJURY (Hame, form ctary, street, affice bldg etc	(City or town)	(Caunty) (State
21 I certify that I attended the dec	eased fram		1-17-140,H	nat I last saw the deceased
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	1-11:10	M.D.	M, fram the causes and ADDRESS (Stroot, et a) of town, st	an the date stated above
BETALY ALISPECIFY Aug. 20, 19	260 All Saints		22d. LOCATION (City, town, or Reisterston	• • • • • • • • • • • • • • • • • • • •
23. FUNERAL DIRECTOR'S SIGNATURE J. F. Eline & Sons	ADDRESS Reisterstown Mc			RAR'S SIGNATURE

TO HOSPITAL OR ATTEN

MAY be related by the or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremoton, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/SB

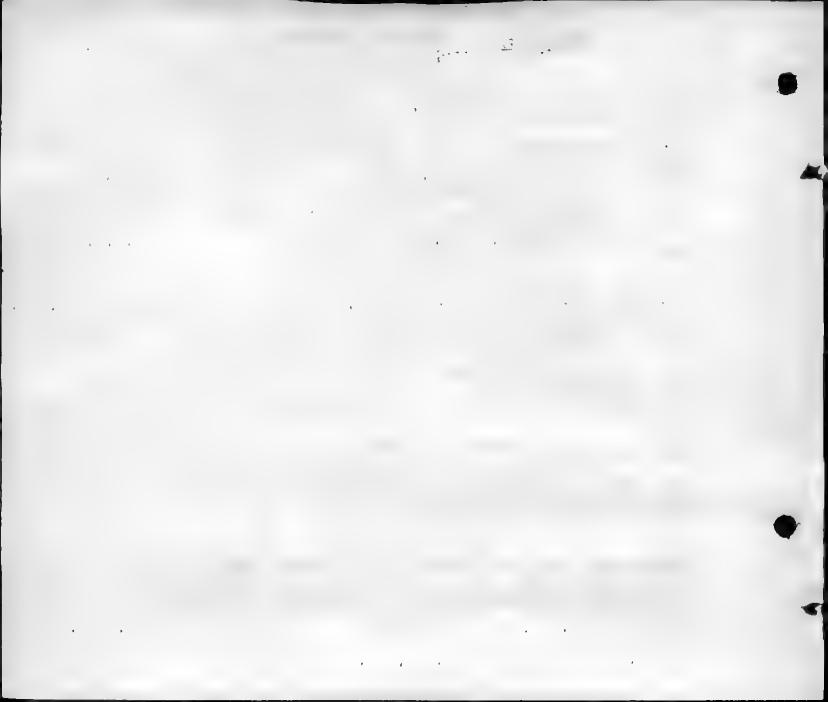


08892

Reg. Dist. No.

)	1. PLACE OF DEATH a. COUNTY Ba	ltimore		MAR	YLAND	27.40	ence (wh		Lived If institution b. COUNTY	en Residence Falti	more	
	b. CITY OR TOWN (IF RURAL and give no Fort Ho	orest fown)	ts, write	23 Yrs		V		ulside carpoi	rote fimits, write R	URAL and giv	e neorest i	lawn)
	d NAME OF HOSPITA	NE (If not in hospital, g				J. STREET AL	DORESS		- 44		0	RESIDENCE N A FARM?
		odd Avenu					Q AV	enue			1 10	
	3. NAME OF DECEASED (Type or print)	Claude	st	Middle L.	_	he row		4. DATE OF DEATH	August		Doy	19 60
	5 SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARR	ED 🗍	8. DATE OF BIRTH			9. AGE (In years			NDER 24 HRS
	Male	White	WIDOWED			May 27	, 19	V 1	last birthdoy) 59 yrs.		ays Ho	
	10a USUAL OCCUPATIO during most of working Potential	N (Give kind of work on the later) LOME ter O		Beth. S				ar fareign ca	ovatry)	I	EN OF W	HAT COUNTRY?
	13. FATHER'S NAME					14 MOTHER'S	MAIDEN N	IAME				
4		Sherow				Sara	h Mo	ore				
	15. WAS DECEASED EVER (Try. 70. or unknown) Yes Army	1920-35		ocial security no 13–07–36		Mrs. Lu	01110	e She	row 5 T		lve.	19. Vo
	Conditions, if an gave rise to in couse (a), stating I lying cause last.	mediate (Cul	Jenerala	red .	Llowar	mtu k	sis				L BETWEEN ND DEATH
	CATIC	ER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH WEDICAL EXAMINER)		RIBE HOW INJURY O						EN IN PART I	PE	AS AUTOPSY REORMED?
	UIF EITHER, NOTIFY I		While	JURY OCCURRED Nat while of wark	20e. PL.	ACE OF INJURY (Fotory, street, office	lome, form bldg , etc.	, 20f (City			unly)	(State)
	actual signature PHYSICIAN'S NAME(TYPE)	an es T	196	Heans		accurred at	17130	ADDRESS IS	the causes of reet, city or town.	ind on the store) S Ked	date si	ated abave. DATE SIGNED 8-17-6
	220 BURIAL CREMATION PREMOVAL (Specify)	Aug. 18	, 60	Me adow					ion (City, town, town, to ington		,	State)
	23 FUNERAL DIRECTOR'S			ADDRESS			24o. REC'I	D BY REGIST		STRAR'S SIGN		
	JOHN J. I	UDA 7922	Wise	9 ATR. 2	2. 1	16.	DATE Å	lig 1 8 1	60		1-	

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND SOLVEN CERTIFICATE OF DEATH

08893

			V							
1	PLACE OF DEATH	ltimore	MARYL		usual residence (with a state Mary)		b COUNTY	on Resident	ce before adm	nission)
	E CITY OR TOWN (HE RUPAL and give no atons vi		o. LENGTH OF STAY IF		Baltimore	outside corpor	rote limits, write RI	JRAL and g	()	own)
_	OR INSTITUTION	AL (If not in haspital give			d STREET ADDRESS		- A		ON	RESIDENCE A FARM?
_		OVE STATE	HOSPITAL				n Avenue		152	
	NAME OF DECEASED (Type or print)	Imoge	Middle		Simms	4 DATE OF DEATH	Au gus		Doy 4	1960
5 :	fema l e	100000	MARRIED NEVER MARRIED		ATE OF BIRTH April 18,	1919	9 AGE (In years last birthday)		Days Hou	Colombia and State and State State of the St
	housewif	ing life, even if retired)	e 106 KIND OF BUSINESS OR		Pennsy	lvania	ountry)		S. A.	
13.	FATHER'S NAME		•	1-	I. MOTHER'S MAIDEN I					
	Bennet	t			Ella Yo	ing blo	od			
15	WAS DECEASED EVER	IN U.S. ARMED FORCES	16 SOCIAL SECURITY NO	17, INFOR	MANT		Addi	'ess		
	no	ce yes, give not on them or service	Unknown	Reco	rds: SPRI	VG GRO	OVE STAT	PE HO	OSPITAI	<u>.</u>
CERTIFICATION	Conditions, if of gove rise to in cause (a), stating to lying cause lost. PART II. OTH	the under-	Carcinoma rig				E COND TION GIV	'EN IN PAR	1 7 Y	REORMED?
	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 201 [] CAUSE OF DEATH MEDICAL EXAMINER]	DESCRIBE HOW INJURY OC	CURRED (E	nter nature of injury in	Part I or Part	III of item 1B)			
MED CAL	20c. TIME OF NJUR' Hour om p.m.		20d INJURY OCCURRED While Not while of work of work		OF INJURY (Hame, fam street, office bldg , etc		or town)	(0	County)	(Stote
	saw the deceas	t (I) (this haspital) a ed ative an Aug	ittended the deceased f		lay li 19		Aug. 4			
	220 SIGNATURE	Stella 4)achter	M.D.	PHYS D	RED IRECTOR	STAFE PHYS.	8-1	<u>ı-60</u>	226 DATE S GNED
	22c PHYSICIAN S NAME (Type)	Stella Wac	chsler, M. D.				ROVE STA		HOSPITA	4L
1	REMOVAL (Specify)	Paring. 16	23c NAME OF CEMET	ERY OR CR	m	Bu	TION (City, lown,	Tue	d	itate)
34	PONERAL DIRECTOR	SIGNATURE	Long Comments	(2	DATE AL	'D BY REGIST UG 11 '6		STRAR'S SIC Why L.		

may be revained by the an artificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial transit permit. Then please remave carbom pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event within 72 Payrs after death VR A15 (4) 1SM 9/59

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

TO HOSPITAL OR ATTEND



Farley Funeral Home, Catonsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATEAUG 2 3 '60

Orthon S. Krous

Yeor

19

(State)

requires that the death certificate be executed

£ 0 VS A15 (4) 15M 9/58



rwarded to the Chief of UNERAL DESCTOR: P FUNERAL O

VS. A15ME(5) 5M 9/55

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS) PERFORMED? NO F (Stote) Inquiry Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER ... EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) Fishertown Accision Cometery 23. FUNERAL DIRECTOR'S SIGNATUR 24a. REC'D BY REGISTRAR MR 3 0 '60 ... of S. Tinalla DATE

Rea, Dist. No.

Day

60

FUNDER TYEAR

Days

Months

e. IS RESIDENCE ON A FARM? YES NOT

Yeor

If UNDER 24 HRS.

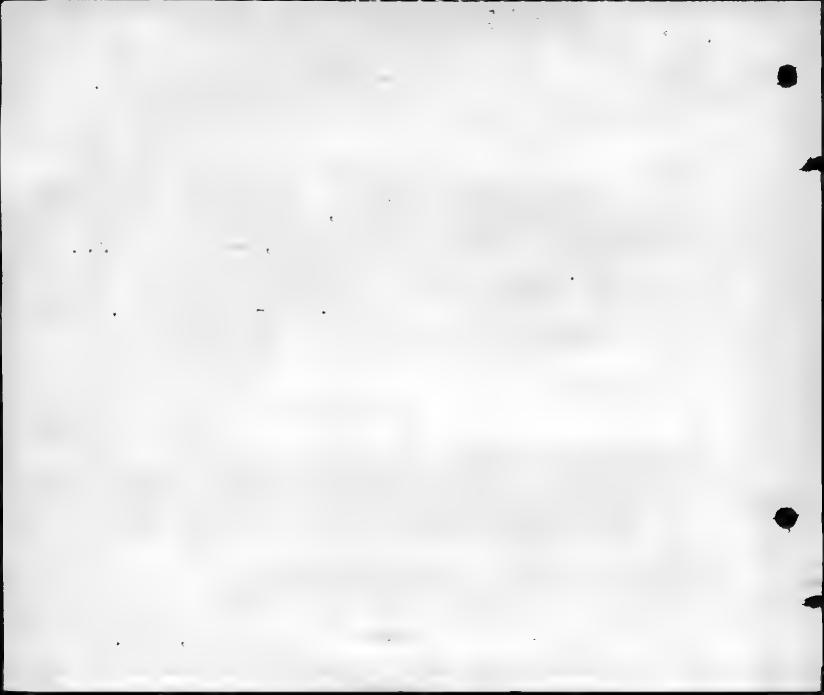
Min.

19

Hours

12. CITIZEN OF WHAT COUNTRY?

ILS.A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8923 CERTIFICATE OF DEATH

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				Keg	. DIST. NO.
1. PLACE OF DEATH O. COUNTY DALTIMOR	. 4=	ALKEYSANCE.	2. USUAL RESIDENCE (Where deco	b. COUNTY West Vin	
b. CITY OR TOWN (If outside corrected and give nearest town)		TH OF STAY IN 16	c. CITY OR TOWN (If outside of Morgan town		
d NAME OF HOSPITAL (If not in or institution Frivate			d. STREET ADDRESS 164 Hodes Ave.		6. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JOHN V	Middle VESLE	SMITM DE	Month ATH 8-6-60	Day Year
s sex 6. Color 6	OR RACE 7 MARRIED NE	DIVORCED	Sept 14, 1882	9 AGE (In years IF Uh tost birthdoy) Mon 77 yrs	This Doys Hours Min
10a USUAL OCCUPATION (Give kind during most of working life, even Mechanic	of work done 10b KIND OF (if retired) Rail		TRY II BIRTHPIACE (Stote or foreign)		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	3101.11	<u>Valu</u>	14. MOTHER'S MAIDEN NAME	`	MANAPA.
Christopher	Smith		Amelia Shaw		
15. WAS DECEASED EVER IN U. S. Al	RMED FORCES? 16. SOCIAL SE	CURITY NO. 12	IFORMANT	Address	
no			Fred L. Jenkins	Morganto	wn. W. Va.
1B. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAUMMEDIATE Conditions, if only, which]	JSED BY: CAUSE (0) DUE TO	en a	of femus E	deffune	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate couse (a), stating the under-lying couse lost.	(c)				
ATIC	ANT CONDITIONS <u>CONTRIBUT</u>	T NG TO DEATH BUT	NOT RELATED TO THE TERMINAL D.S	EASE COND TION GIVEN IN	PART 1(0) 19 WAS AUTOPS PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE O	OF DEATH	W INJURY OCCURRED	Enter noture of injury in Port I or	Part II of item 18)	
ZOc. TIME OF INJURY Month, Hour o. m. p. m.	Doy, Year 20d, INJURY OCCUPANT 19 While Not work of work	whilefoc	CE OF INJURY (Home, form, 20f tory, street, office bldg., etc.)	(City or town)	(County) (State
21. I certify that I attendative on Carey	22'	7-7	accurred at C DM, fro		
ACTUAL SIGNATURE	nt. Come	ray,		Sparrows Po	
NAME (Type)	V. Conway	\		t,Sparrows Po	
REMOVAL (Specify) Removal 8-	7-60 Bev	ME OF CEMETERY OF TOTAL MILL	Memorial Mon	CATION (City, town, or cou	Va.
23. FUNERAL DIRECTOR'S SIGNATUR		PRESS	24o. REC'D BY RE		S SIGNATURE
Wm. Cook Inc	. L217 St. Pa	ml St.	DATE AUG 9	160 Chillian	201

TO HOSPITAL OR ATTENDA INVISICIAN: The low requires that the death certificate be executed within 24 haurs after death, the may be retained by the holion attending physicion.

TO FUNERAL DIRECTOR: After this cert incole has been signed by the ottending physicion and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon-pages 1 and 2 should be filled in the registrar prior to burial, are removal, and in any event within 72 hours affer death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATLE

CER	RTIFI	CATE	OF D	EATH

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	1. F	LACE OF DEATH COUNTY	IMORE		MARYLA		o. STATE	ARYLAI		d lived. If instituti b. COUNTY	an: Residenc	e before	odmission	1)
ı	ŧ		outside corporate timits, w	rife c	LENGTH OF STAY IN	116				rote rimits, write R	JRAL and g	ive near	est town)	
			HOWARD		153 DA	vs	R	АТЛТМО	าลเก	~~	€.			
			AL ("I not in hospital, give s	treet ad		<u> </u>	d STREET A		71111	····		e.	S RESIDI	ENCE ARM?
		Veterans_	Administrati	on I	Hospital		3	20_201	220141	I AVISINIUS.			YES 🔲 1	40 D
		NAME OF	First	•	Middle		Losi		4. DATE	Mor	nth	Doy	Yes	or
		DECEASED (Type or print)	JOSEPH		н		SMITH		OF DEATH	AUGUS		10		60
	5 5	EX	6. COLOR OR RACE 7.	MARRIE	NEVER MARRIED	□ B	DATE OF BIRTH	ı		9 AGE (n years last birthday)	IF UNDER Months			
		MALE	COLORED WIL	OWED	DIVORCED		JULY 18	, 1890)	70 yrs	montris	Doys	Hours	Min
	10a	USUAL OCCUPATIO	N (Give kind of work done ng life, even if retired)	10b. KII	ND OF BUS NESS OR	INDUST	RY 11 BIRTHPL	ACE (Stote o	or foreign co	ountry)	12 CITIZ	EN OF V	WHAT CO.	JNTRY?
	J	RUCK DRIV		GEN	ERAL HAULI	NG	STEE	LTON,	PENNS	SYLVANIA	U.	S.A.		
		FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME					
	t,	OSEPH SMI	IH					Kasisi/i	2					
		WAS DECEASED EVER	IN J S. ARMED FORCES? If yes, give war or dates of service	16 50	CIAL SECURITY NO.	17 INF	DRMANT			Add	ress			
		YES	WWI	UN	KNOWN	CLI	N.REC.V	ET AD	M HOST	PITAL BAI	LTO MD	FT	HOWA	RDGT
			TH [Enter only one cause	per line	for (o), (b), and (c)]								IVAL BETV I AND D	
			TH WAS CAUSED BY IMMEDIATE CAUSE (a)	PUL	MONARY EDE!	MA.						REC	ent	
		\ \\	DUE TO	ART	ERIOSCLERO!		HEART D	-				UNI	NOWN	
		Conditions, if on	· / / / / / / / / / / / / / / / / / / /	ADEI	NOCARCINOM	A. P.	ROSTATE	HTIW	METAS	STASES TO	BONE	UNK	NOMN	
		gove rise to in	he under XXXXX	ENICE	SPHALOMALA	אדר						UNK	NOWN	
		lying couse lost.	(c)	TOTACT	SI HALIOPALIA) TL								1/84/78/84
	CERTIFICATION		ER SIGNIFICANT CONDIT OF			H BUT N	OT RELATED TO	THE TERMIT	NAL D SEAS	E CONDITION GIV	VEN IN PART		PERFORM	ITOPSY NED?
		200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	DESCRI	BE HOW INJURY OCC	EURRED.	(Enter noture o	Finjury in P	ort I or Por	fill of item 16)				
	MEDICAL	20c TIME OF NIURY Hour a.m. p. m.	V	od INJI Vhile I work [_ Not while		E OF INJURY (I ory, street, office			or town)	(C	(ounty)		(Stote)
		21 I certify that	(this haspital) at	tended	the deceased f	ram. M	arch 10	-2+d8!	60 . ta A	August_10	19_6	Q, tha	1 00 (we	e) last
			ed alive an Augus		_			oiP .	M. fram	the couses or	nd an the	date	stated a	bave
7		720 SIGNATURE	-2	$\overline{}$	/ / / / /						7.0		22ь [
		-	- 21-11	3 1	122-2186	C M	D PHYS	ME □ DIF	D RECTOR [STAFF PHYS [2]			8/11	/66
		22c PHYSICTAN'S NAME (Type)	77	73			22d ADDRE							
		FR	EDERICK S. D	LANC	DSON, M.D.		VAH, BA	LTIMO	RE 18	,MD.FT.HO	DWARD	DIVI	SION	
	230	BURIAL CREMATION	N 236 DAJE THEREOF		23c NAME OF CEMET	ERY OR	CREMATORY		23d LOCA	TION (City, town,	or county)	- ~ -	(Stote)	
Ą		REMOVAL (Specify)	8/15/6	1	BALTIMORE	NATT	ONAL		BALT	IMORE, M	ARYLAN	D		
N _e	24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			25a REC'S	BY REGIST	TRAR 256 REGI	ISTRAR'S SIG	SNATURE		
1		And done out on	C Dhallan	1809	N Monroe	C+ T	olto Ma	DATE AU	a 15'6	0 6	Thun 2	Krane		
3			<u> </u>	LUC/O		34		-						

moy be retained by the 1 or attending physician.

TO FUNERAL DIRECTOR: At 5th this cert ficate has been signed by the attending physician and completely filled in by the funeral arrespage 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled the State Board of Health prior to burial, cremation, at removal, and injury event, within 72 hours after death. PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPITAL OR ATTEND VR A15 (4) 15M 9/59

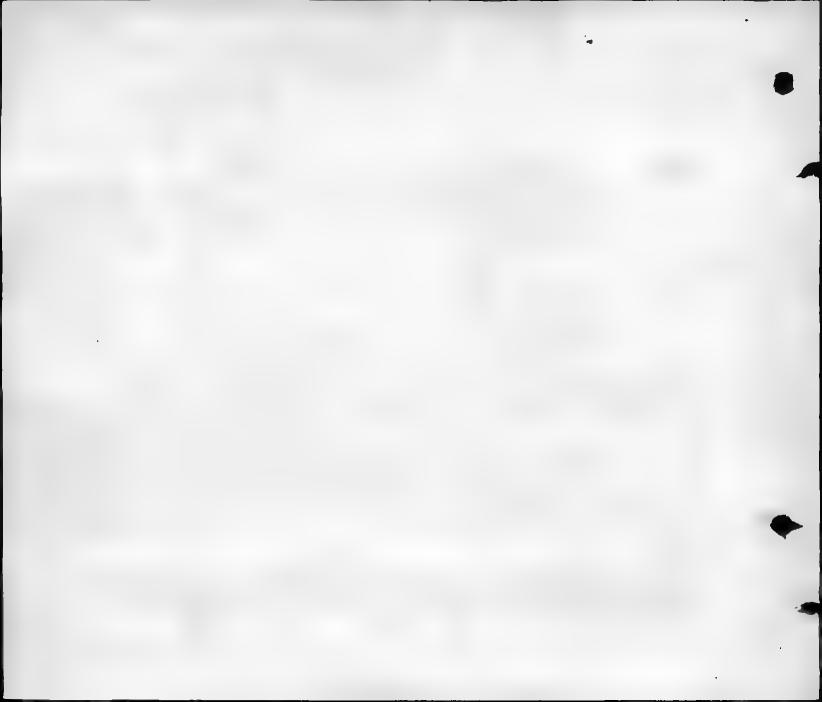
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7	£31		. 8925 CERTIFICATE OF DEATH (S898)
Page rector	M		PLACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived "If institution Residence before admission) COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived "If institution Residence before admission) COUNTY WARYLAND
funeral			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Company
ors offer by the d 2 shor		1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) Commercial d STREET ADDRESS OR INSTITUTION (AZE ON A FARM? YES [] NO []
The house			NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DOY Year OF DEATH B 16 1960
d withir Setely F ns. Pag		S.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH SALE DIVORCED DIVORCED APRIL 1890 PAGE (In years least birthday) Months Days Hours Min
execute of comp n poper death.	10	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired 1 Cyrls 18 of Spidal - Stock corn work Bald Md. USA
ole be		13.	John S. Smith may n. Dean
certificang phys			WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 12 INFORMANT 1 PO PRINCE OF SOCIAL SECURITY NO 12 INFORMANT 20 ROLL 24 46 23
e death ottendi n pleas t within			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Consist and DEATH CONSET AND DEATH CONSET AND DEATH
by the			Conditions, it ony, which) Matteries electrotic Carlie Von entire Disease
requires on. sit perm and in o			gove rise to Immediate couse (a), stating the <u>under-lying couse last.</u> (c)
he fow physici sos beer iol-tron	_	CATION	PAN IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
fending ficate h the bur	*	L CERT FI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Parl II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of or at his cert use as		MEDICAL	20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED While Not white of work of twork of work of w
ched for			21. I certify that I attended the deceased from ()
A ATTER d by the ECCTOR be deto	I		ACTUAL SIGNATURE Jely 12, Percis J. M.D. 400 Delas (Street, city or town, viole) Date SIGNED SIGNATURE
retaine RAL DIS			PHYSICIAN'S TOHN M. GERWLG JR
MOMPH May be r FUNER, page 3 sl		The L	REMOVAL (Specify) S-19-60 LCL' de N TIRK BAHLOCR- (Stole)
VS A15 (4)	2 1	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246 RECISTRAR'S SIGNATURE
15M 9755		1/1	Otl (WATTERS PRATTY:) (1/C/+3 DATE AUG 18'60 Cultury S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



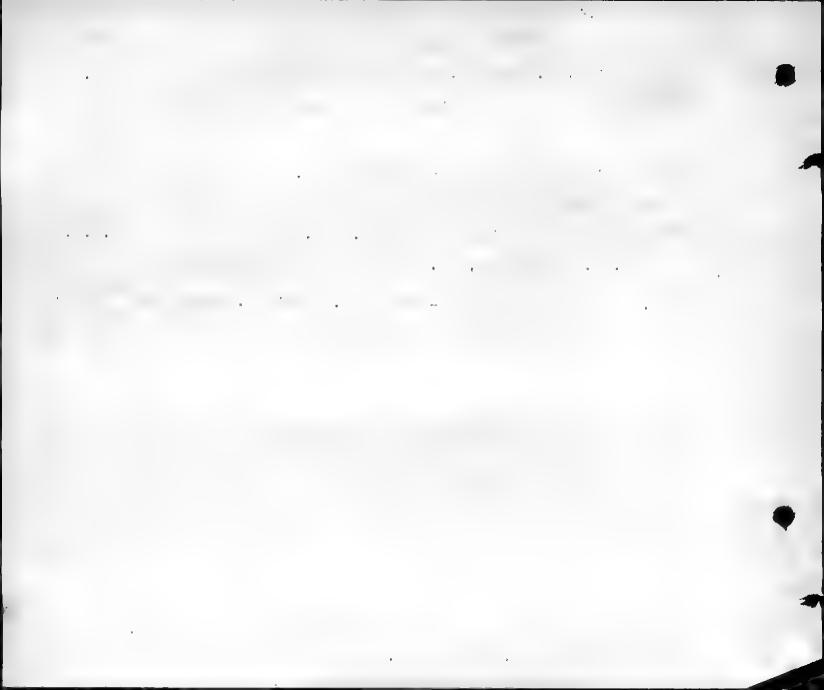
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased I yed. If institution, Residence before edmission. 1. PLACE OF DEATH e. COUNTY a. STATE 6. COUNTY Maryland Baltimore MARYLAND b CITY OR TOWN lif outside corporate I mits. c. CIY OR TOWN (If outside corporeta limits, we ta RURAL and give nearest lown, c. LENGTH OF STAY IN 16 песе director. your write RURAL and give nearest town 3 Butler d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) TO STREET ADDRESS IS RESIDENCE ON A FARM? có. Road our or Cold Bottom Road retained he State E YES TO NO 17 NAME OF Middle 4 DATE Day Month DECEASED OF to the 19 60 SMITH ROBERT August (Type or print, DEATH 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRED AGE (n years) IF JNDER 1 YEAR B. DATE OF BIRTH F UNDER 24 HRS ന Nation 2 last birthday) Months | Days Hours and Male Colored and 2 v 72 hours DIVORCED WIDOWED [I within 24 hours after 18. Give Pages 1, 2, 1 h form PM3, Page 5 100 USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) H19 4 pages 1 within 13. FATHER'S NAME MOTHER'S MADEN NAME ARK File 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT permit. Yas, no, or unknown! (fyas giva war or datas of sary cat e along with 73. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gunshot wound of head pue IMMEDIATE CAUSE (a) Office 1 DUE TO burial Conditions, if any, which gave rise to immediate cause DUE TO [e], stating the underlying causa lest. d be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY PERFORMED? word NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) should ial, cru 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Shot self in head CAUSE OF DEATH. the Chief A R: Page 3 s ior to buria 1 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) 20c. TIME OF INJURY (County) fectory streat, office bldg., etc. Abt. 5-6 m. While Not While Md. 60 at work at work K Baltimore Auto CIOR forwarded to I 21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection Inquiry and in my opinion DEPUTY MALE please execute the cert.
4 should be forwarded to
O PUNERAL DIRECTO
or its designated agent, Suicide X Homicide death resulted from: Natural causes Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 8/21/60 EXAMINER'S Bradley King, Jr., M.D. Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 226 BURIAL CREMATION, 226. 1 22d. LOCATION [City, fown, or country, (State) REMOVAL ISpacial 240 p O Œ. 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRANT VS. A15ME 26 Charles S. Kraus 5M 7/59



PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death

MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18
8927 CERTIFIC	CATE OF DEATH
o. COUNTY 1507 W. Joppa rd. MARYLAN	2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o STATE Maryland b. COUNTY Balto.
b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1 RURAL and give neares) town L1fe	to c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 55 Towson
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) William James Sneet	ringer Jr. 4. DATE Month Day Year DEATH * 8-21-60 19
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	T O 1 4 D Q O Iosi Diffindoy Months Dovr Hours Min
100 USUAL OCCUPATION (Give kind of work done duping most of working life, even if retired) Nanager Balto Trust	
Wm. J. Sneeringer, Sr.	14. MOTHER'S MAIDEN NAME **Uniack**
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown) (If yes, give wor or dotes of service) 217-14-0966	Mrs. Hettie C. Sneeringer (wife)#1
200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCUI DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. 19 White Not white of work 19 of work	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? TRRED (Enter nature of injury in Part I or Part II of Item 18) PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) And the course of the part I or Part II of Item 18 (County) (State)
PHYSICIAN'S NAME (Type)	M.D. J. W. MUNCHETTY PREVEY F/N
220. SURIAL, CREMATION, 226 DATE THEREOF REMOVA, (Specify) 8-23-60 Gunpowder 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brooks Funeral Ser. 622York Rd.	Frindes Meeting Sparks Md. 240 REC RY REGISTRAR 246 REGISTRAR'S SIGNATURE

O HOSPITAL OR ATTEND



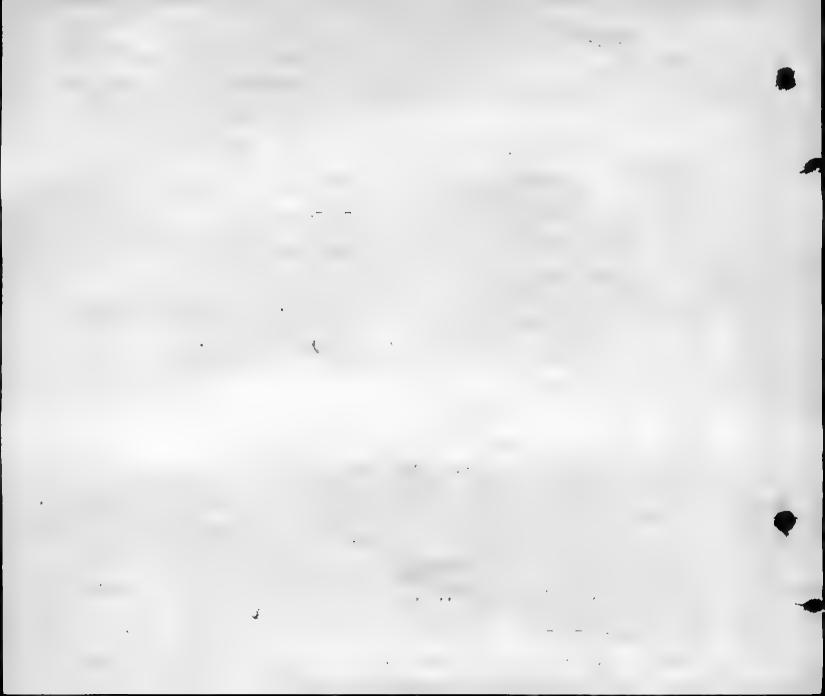
AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission, a. COLNIY a. STATE 6 COUNTY director, Page MARYLAND Baltimore Maryland b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If pulside corporate limits, write RURAL and divergest town) write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS wendover IS RESIDENCE ON A FARM? wendover 7836 MANGOOM Road YES [] NOXER ond 3 NAME OF DATE Month DECEASED OF (Typa or print) DEATH SOLONSKY August 6 COLOR OR RACE 17. MARRIED KNEVER MARRIED 8. DATE OF BIRTH AGE (fn yours | IF UNDER 1 YEAR lest birthdey] Manths Mala WIDOWED IT DIVORCED T N 10e. LSUAL OCCUPATION (Give kind of work 106 KIND OF BLS NESS OR INDUSTRY done during most of working life, even if ret rad! Kestaurant Uwner Kestaurant P.M.3. P. 13 FATHER S NAME MOTHER'S MAIDEN NAME IS. WAS DICEASED EVER IN U.S. ARMED FORCES O, 16. SOCIAL SECURITY NO 1 17. INFORMANT Addrass (Yes, no, or unknwh), (If yesgive war or deles of service) Amalie M. Solonsky same 18. CAUSE OF DEATH |Enter only one cause par one for (a), (b), and (c), i INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-Gunshot wound of abdomens contact type. IMMEDIATE CAUSE (a) DUE TO Conditions at any which (b) geva rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 2 17, WAS AUTOPSY PERFORMED? ld be 28 NO T 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Iram 18.) shoul CAUSE OF DEATH. Shot self before eye witnesses the Chief A The Chief A R: Page 3 si rior to burig 2Dd. INJURY OCCURRED 2Ds. PLACE OF INJURY (Homa, farm, 20f. (City or town) (State) 2Dc. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) 1 Not While While 8/26/60 19 at work Baltimore-Baltimore Md. at work home 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion agent, Undetermined manner Suicide XI Homicide death resulted from. Natural causes Accident CHIEF MEDICAL EXAMINER forward L DIR ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER August 27, 1960 W. Bradley King, Jr., M.D. should | Address (Street, city, town, or county) BURIAL, CREMATION, 225. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Ö em. ۵ 40 burral. 46. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE VS. A15ME

Hartord Rd.

DATE AUG 3 0 '60

Calmy S. Through

5M 7/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a COUNTY Page a. STATE **b.** COUNTY Baltimore MARYLAND funeral director. P b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town, Your Š write RURAL and give neerest town! Parkville Parkville O d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Por Boar be refained 8207 Harford Road Slate Harford Road NAME OF 4. DATE Month Middle death. If an DECEASED OF (Type or print) DEATH HENRY SPITIMAN August With 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH AGE un years , IF UNDER 1 YEAR ⊒ay 2 wi⊞ age 5 may 1 and 2 will 72 hours lest birthday) Months and within 24 hours after d 18. Give Pages 1, 2, and I form PM3. Page 5 mi WIDOWED DIVORCED Sept. 10a USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY If BIRTHPLACE (State or foreign country) Page 1 done during most of working life, even if retired) None Balto. Co. Md. within Saper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Spielman Wilhelmina 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unknown) (If yes give war or detes of service) " in pencil in Item 18 Office along with fr burial-transit permit. Mrs. Dora Brendel 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)., PART & DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Gunshot wound of left chest pue DUE TO Conditions, if any, which (6) "pending" gave rise to immediate cause **DUE TO** Examiner (a), stating the undarlying causa last. pesn ion, PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 01 19. WAS AUTOPSY CERTIFICATION 2 cremati ate, writing the word Medical pluods 20b, DESCRIBE HOW INJURY OCCURED, Enter nature of injury in Pert I or Part II of tem 18) 2Do, EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. Shot self in chest Chief 3 age 3 s 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town 20c. TIME OF INJURY Month, Day, Year factory, stre t office bldg . etc.) " While Not While Hour a.m. please execute the commission with a should be forwarded to the CO FUNERAL DIRECTION Page or its designated agent, prior to 6 et work at work t 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Suicide X death resulted from: Natural causes Accident Homicide. DEPUTY MEDIC GHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLIY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION I 22b. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Õ 40 Burial St. John's ā Harford Rd ADDRESS VS. AISME

SM 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

USA Jasper Address Harford Rd INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO X (Stete) (County) Md. Baltimore. and in my opinion Undetermined manner DATE SIGNED 22d. LOCATION (City, town, or country) «State1 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE archer S. Krous '60

Baltimore

Days

. IS RESIDENCE ON A FARM?

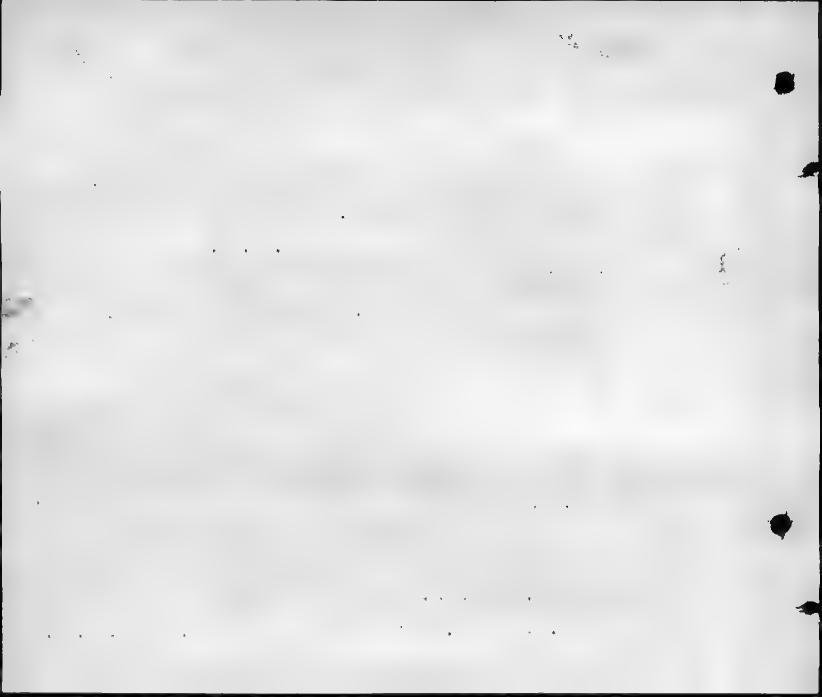
YES NO Y

1960

IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

(3930		CERTIFIC	CATI	E OF DEA	TH		= 0.8	5903	
PLACE OF DEATH COUNTY Baltimor	e		MARYLAI	- 11	USUAL RESIDENCE STATE Marylar		b. COUNTY		before adm	ss on)
b CITY OR TOWN (F RURAL and give ne	orest lown)		IGTH OF STAY IN	1ь			rporate limits, write	RURAL and giv	ve nearest to	wn)
Fort How			Days		Baltimo		17)	*	15.0	FEIDS) CC
d NAME OF HOSPITA OR INSTITUTION Veterans	Administr	ation Ho	spital		318 N:	1	ton Avenu	ıe	ON	ESIDENCE A FARM?
NAME OF DECEASED (Type or print)	WILL		Middle H .	SI	'ANSBURY	4. DATI OF DEA			24 24	Yeer 1960
S. SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF UN	
Male	Colored	WIDOWED 🔼	DIVORCED [_ F	'ebruary	4,1889	71 yrs		Doys Hour	1 Min
On. USUAL OCCUPATION during most of working Engineer-Re	ng life, even if retired	4	of Business or i			(State or foreign			S. A.	COUNTRY
3 FATHER'S NAME				I	14. MOTHER'S MA	IDEN NAME				
James Stani	bury				Anna	MN: Unk	nown			
(Yes no or unknown)	IN U. S ARMED FOR	CES? 16. SOCIAL	SECURITY NO.	17, INFO	RMANT		Ad-	dress FORI	HOWA	RD
Yes	WW I		07-3521	Clir	nical Rec	ords .VA	H.Baltimo			VISIO
IB CAUSE OF DEA	TH [Enter only one co	use per line for (e							1 NTERVA.	BETWEEN:
PART I DEAT	H WAS CAUSED BY:	BRONCHO	PNEUMONI	A . :	BILATERAL				RECEN	AT DEATH
1 .	DUE TO	BRONCHO	GENTC CA	RCTN	IOMA, LEF	r LUNG			UNKNO	NWN
Conditions, if or					ia, left		THE COA.			
gave rise to in cause (a), stating t	mediate KNEVEN		JAR HEMI						UNKNO	WN"
200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	idit ons contri s genera ic hypert 20b describe h	B. IING TO DEATH ILLIZED . 2 COPHY . HOW INJURY OCC	L BUT NO Ch URRED.	OT RELATED TO THE	TERMINAL DISE	ASE CONDITIONS LC CYSTIC	IVEN IN PART	1(a) 19 WA PER YES	S AUTOPSY FORMED? NO
20c TIME OF INJURY Hour o.m.	Month, Day, Yes	While N	OCCURRED 20 lot while	e. PLACI foctor	E OF INJURY (Hom ry, street, office bld	e, form, 20f (0 g., etc.)	City ar lown)	(Co	ounly)	(State
21 I certify that	t (this hospital ed alive an Augu	l) attended th	e deceased fro	am "J i nat dec	11y 27 I	1960 , to	August 2	4 1960 nd on the	tha K(t) date state	(we) las
	101		00	_ M I	ATTENDING	MED	STAFF		8,	225 DATE SIGNET 25/60
Freder	iele J.C	ma	(dear	, ,,,,		3 DIRECTOR			-	
22c PHYSICIAN'S NAME (Type)	iele J.C	1 ma	dean	, ,,,,,	22d. ADDRESS					
22c PHYSICIAN'S NAME (Type)	S. DONALI		NAME OF CEMETE		22d. ADDRESS VAH., BAL	TO. 18,1	MD. FORT I		DIVIS	

Pages and 2 should be filed with DIMOSPITAL OR ATTEND.—PHYSICIAN: The law requires that the death certificate be executed within 24 may be retained by the selection of an attending physician.

DiffUNERAL DIRECTOR: This certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban pages. Pages the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours piter execting. TO HOSPITAL OR ATTENDE May be refained by the TO FUNERAL DIRECTOR: VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8931

CERTIFICATE OF DEATH

Reg. Dist. No. 04

		RACE OF DEATH	inore		MAR	YLAND	2. USUAL RESIL o STATE Maryla	_ `	nere deceased	lived. If institute count			e odmissi	on)
	t	CITY OR TOWN (IF RURAL and airs nec	aviside carparate l'arest town)	11	c. LENGTH OF STAY	' IN 1b	e. CITY OR 1 Baltin		ulside carpora	gte limits, write			rest town	
ě	(S, NAME OF HÓSPITA OR INSTITUTION	L (If nat in haspital	, give street	address)		d. STREET A	DDRESS	ffe R	oad 🖟		•	ON A	DENCE FARM? NO.[]
	l t	NAME OF DECEASED (Type or print)	GE ORGE	First	Middle	•	STEFFE		4. DATE OF DEATH	Aug	e)	Da ₁		ear 960
	5. \$	Male	6. COLOR OR RAC	WIDOWI		· 🖸	8. DATE OF BIRTH Oct. 187	71		AGE (In years last birthday) yrs	Manths	Days Days	Haurs	R 24 HRS. Min
	3	hief Cle	ng life, even it retir	ed)	kind of Business ourt House			ace (Siole rylar	_	unity)		TIZEN Ö		COUNTRY?
1	13. 1	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
,	H	enry W.	Steffey				Caro	line	Willi	ams				
	15.				SOCIAL SECURITY NO), 17, 1	NFORMANT			Ad	dress			
	1106	Yo	l yes, give war or dates :	ar terroice)	none	G.	H. Steff	fey ((son)	2526 W	<i>l</i> ycli	ffe	Rd.	14
	NO.	PART I. DEAT 42 Conditions, if on gave rise to im cause (a), slating to lying cause lost.	H WAS CAUSED BY IMMEDIATE CAUSE DUE y. which mediate he under	(b)(c)	ne for (o), (b), and (c) Co ar d	k'o-				CONDITION GI	VEN IN PAI	ONS	WAS A	DEATH
	ICATI	no	TLE											NO M
	MEDICAL CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour a. JI.	Month, Day,	Year 20d It	NJURY OCCURRED	د_ 20e. PL fo	D. (Enter nature a ACE OF INJURY (I clory, street, office	Home, farm	. 20f (City o		(County)		(Stole)
**************************************		21. I certify the alive on	at I attended the	decease 12 3 3 A	/ _	death	occurred at	EA.	M, Fram	the causes the causes city or lown are	and an t	he date	e state	
	220.	BURIAL CREMATION REMOVAL (Specify) BUTIAL	Aug.6.		reenmou			7	Carro	ON (City, town,	or county)	Md	(State	
*	-	FUNERAL DIRECTOR'S			ADDRESS	20 0	Cinc Oct		D BY REGISTR	000	ISTRAR'S SI	W	-	
				Inc.	1050 Yo	rk F	ld.	DATE AL			nitur 8			

may be retained by the die of otherwing physician.

TO FUNERAL DIRECTOR: this certificate has been signed by the attending physician and completely filled in by the funeral percent page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPIAL OR ATTENTING PHYSICIAN: The fow requires that the death certificate be executed within 27 hours ofter death VS A15 (4) 15M 9/55



CEPTIFICATE OF DEATH

10048

0005	ÇEKTII IÇA	TE OF BEATT		Reg. Dist. No.
1 PLACE OF DEATH () ()	MARYLAND	2 USUAL RESIDENCE (Where de	eceased lived If institution b COUNTY	n: Residence befare admission)
b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	CITY OR TOWN (If autside	*	JRAL and give rearest tawn)
d NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION 1011)	address)	d STREET ADDRESS	ex**	IS RESIDENCE ON A FARM? YES NO 2
3 NAME OF DECEASED (Type or print) ALL TE TILLARY	THE STEP STEEL	LiD toss 4. 0	ATE THOUT	TSI Pay 190
S. SEX COLOR OR RACE 7. MARS		NAY OF ,1071	9. AGE (In years fast britingay)	Manths Days Haurs Min
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	OVN "C. T	TRY 11 SIRTHPLACE (Stale or for	eign country)	12. CITIZEN OF WHAT COUNTR
John Wasley Palmon		14. MOTHER'S MAIDEN NAME Sarah Me	47	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (If yes, give war or dates of service)		Hrs. Ishar S	Adding S	
18 CAUSE OF DEATH [Enter only one cause per li PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)		A OF LIL	IER	INTERVAL BETWEEN ONSET AND DEATH
Candilions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last</u> (c)			geographe	?
PART II OTHER S GNIF CANT CONDITIONS		NOT RELATED TO THE TERMINAL D	DISEASE CONDITION G VI	EN N PART I(a) 19 WAS AJTOPS PERFORMED? YES NO
OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	(Enter nature of Injury in Part I	at Part II of item 18)	
20c. TIME OF INJURY Manth, Day Year 20d II Have a.m. 19 While p. m. 19	Not while fact	CE OF INJURY (Hame, farm, 201 ary, street, affice bldg., etc.)	(City ar tawn)	(Caunty) (Sta
SIGNATURE SIGNATURE	alway ,	accurred at 7M, f	ram the causes and test (Street, city or tawn, selection).	d on the date stated abov
NAME (Type) 220. SUR A., CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Sort.1,10	22c. NAME OF CEMETERY OR DITTILE RELIEF	crematory 22d.	LOCATION (City, town, a	r county) (Slate) TRAR'S SIGNATURE

DATECEP 8

'60

Collar & House

TO HOSPITAL OR ATTEND

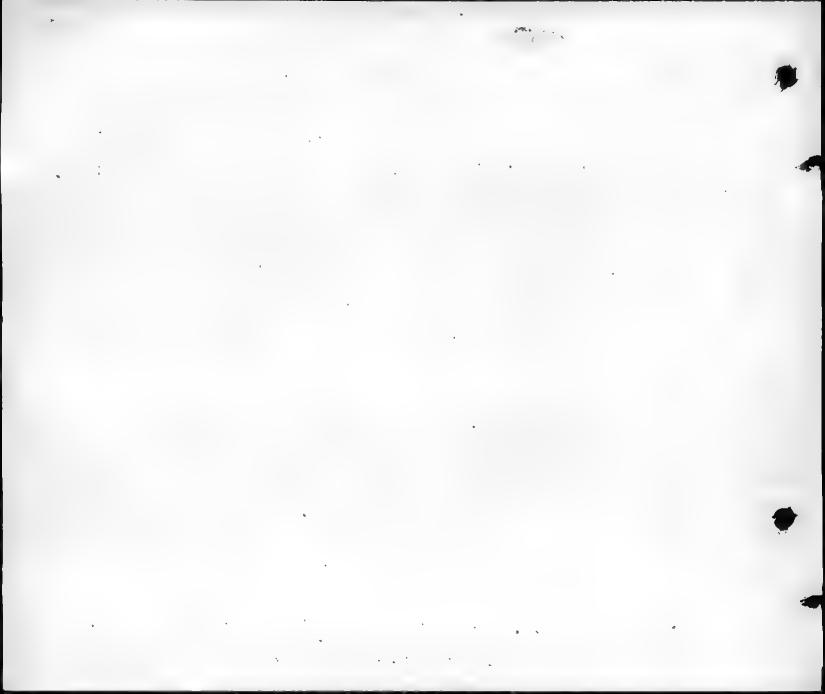
PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

may be retained by the

TO FUNERAL DIRECTOR: Affer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remays carbon papers. Poges 1 and 2 shauld be filled with the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours offer death.

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VS A15 (4) 15M 9/S8



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08905 Reg. Dist. No. **CERTIFICATE OF DEATH**

	O. COUNTY TO ALTACE	MARYLAND	a. STATE / /A.	b COUNTY	nce before admission)
	b. CITY OR TOWN (If autside corporate limits, write	c LENGTH OF STAY IN 15	c. CITY OR TOWN (If dutside carp	orale limits, write RURAL and	give nearest town)
	RURAL and give nearest fown)	413	y Rose dale		
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	Ring Rd	d STREET ADDRESS	Vana Regal	IS RESIDENCE ON A FARM? YES TO NO D
	NAME OF First DECEASED (Type or print)	Middle C.	Lost 4. DATE OF DEATH	Month	Day Year
5 :	SEX MALE 6. COLOR OR RACE 7 MARK		8. DATE OF BIRTH F. b. 24, 189/	9. AGE (In years le UNDEI last birthday) Months	Days Hours Min.
100	USUAL OCCUPATION (Give kind of wark dane 10b during most of warking life, even if refired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or foreign of TNDIBNA	country) 12. Cl	TIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	George STINSO	N	MARY SA	reth	
1S. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. In no or unknown) (If yes, give wer or dates of service)	SOCIAL SECURITY NO. 17. II	FAMILY	Address	
	18. CAUSE OF DEATH [Enter only one cause par lin	ne for (a), (b), and (c).]			INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY:	waster Sti	Juli		ONSET AND DEATH
П	DUE TO	A i	/(*	
	Conditions, if any, which) the	infection tec	automoral to a	bruce	
	gave rise to immediate				
	lying cause last.				
ž	PART II. OTHER SEGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PAR	RT 1(a) 19 WAS AUTOPSY
CATION	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		myluseni-		PERFORMED?
CERT FIC	20g. ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING 206. DESC (IF EITHER, NOTIFY MEDICAL EXAMINER)		C (Enter nature of injury in Part I ar Pa	rt II of item 18.)	
3		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (Cit	y or town) (County) (State)
MEDIC	Hour o. m. While or work	Not white foo	tary, street, office bldg., etc.)		
	21. I certify that I attended the decease	ed from 나 가기	, 1951, 10 K 10	19(2) that I	last saw the deceased
	alive an 3° LU 19	معنى, and that death	occurred at C N. M. from	m the couses and an t	he date stated above.
	ACTUAL COLUMN 4. C	lith, mo.		ilreot, city ar tewn, state) (DATE SIGNED
	PHYSICIAN'S John G. Orth, M	. D.	Baltimore 6	, Maryland	
220	BURIAL CREMATION, 226 DATE THEREOF REMOVAL (Specify) 8-13-60	PARKWOOD		TION (City, town, or county)	(State)
23.	FUNERAL DIRECTOR'S SIGNATURE, JAN 14 Ann 269 K	ADDRESS AKE Roders C	24a, REC'D BY REGIS SAL MD DATE AUG 15		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

(1 *) / CERTIFICATE OF DEATH

08906

	0.7.5	-									
PLACE OF DEATH o. COUNTY	BALTIMORE		MARYLAND	2 USUAL o. STA	RESIDENCE (WH	ere deceased	lived If institution 6 COUNTY	n Residence	before adm	niss on]	
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore						
d NAME OF HOSE	KCSVILLO ITAL (If not in hospital, give	a street oddress)		d STR	EET ADDRESS	TOLE			- IS F	RESIDENCE	
OR INSTITUTION 6803 Wellwood Court			4213 Granada Ave.				ON	A FARM?			
3. NAME OF DECEASED	First	Ser.	Middle Class ATCIS	***************************************	Lost	4. DATE OF DEATH	Mon		Day	Year	
(Type or print) 5 SEX	6 COLOR OR RACE 7	H.	STRAUSS	B DATE OF	DIDTH		AGE (in years	13/60	YEAR IF UN	19 NDER 24 HR	
Male		VIDOWED T	DIVORCED	Sept			ast birthday)		lays Hou		
On USUAL OCCUPAT	ION (Give kind of work do					or foreign cou	-	12 CITIZE	EN OF WHA	T COUNTR'	
during most of we	orking life, even if retired)		Products	1	Baltimo		,,	1	USA		
3 FATHER'S NAME	201	part1	Froducts		HER'S MAIDEN N)		UUA		
Nathai	a Strauss				Ross S	Strauss	2				
S WAS DECEASED EN	ER IN U.S. ARMED FORCE		ECURITY NO. 17	NFORMANT	200 000	7	Add	·e11			
(Yes, no. or unknown)	(If yes, give war or dates of servi	ice)	M	rs. Be	tty Str	auss-	Sam	•			
Conditions, if gove rise to cause (o), statin ying cause las	mmediate DUE TO	arke,	uselle e	263.6	2 Le de	y - e					
<u></u>	THER SIGNIFICANT COND							EN N PART	(o) IP WA PER YES	REORMED?	
THER, NOTIF	VAS UNDERLYING 20 IG CAUSE OF DEATH I'Y MEDICAL EXAMINER)	0b. DESCRIBE HO	W INJURY OCCURR	ED. (Enter no	ture of injury in I	Port I or Part	II of item 18.)				
ZOc. TIME OF INJU Hour o. m p. m	. 10		whilefe		URY IHome, form office bldg., etc		or town)	(Co	uniy]	(Stot	
		2/2 19	(and that	M D ATTE PHYS 22d	NDING MDING DI	,	he causes an				
23a BURIAL CREMAT BURIAL (Spec I	ON, 23b DATE THEREOF 8/15/60		ME OF CEMETERY		DRY		ON (City, town, clinore, 1		(5	itale)	
24, FUNERAL DIRECTO			DRESS		250. REC'	D BY REGISTR		STRAR'S SIGN	MATURE		
SOL LEVINSO	N & BROS INC	. 6010 P	ad utamet-	D.a	DATERSE	g 1 7 '60	0.	Chur & f	Tenus.		
		- ANTO II		WILL FIG.	- 40	u : 1 00	1.42	market D. A	MATTER		

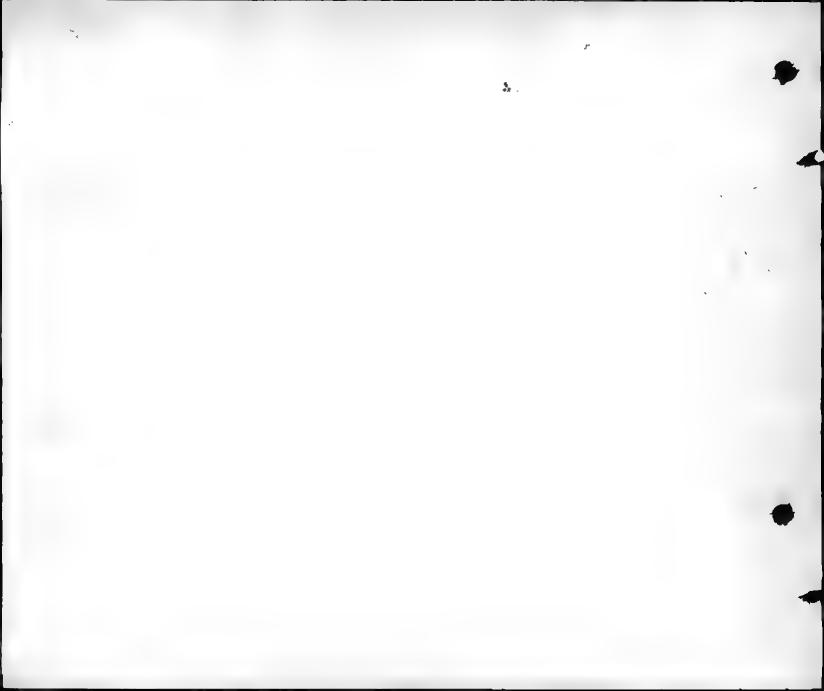
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

of or attending physician. may be retained by the TO FUNERAL DIRECTOR:

TO HOSPITAL OR ATTEND VR A15 (4) 15M 9/59

lings	,	8935 CERTIFICA	TE OF DEATH	8907					
		NAME OF DECEASED Henry A. Streib	2 DATE OF DEATH 20, 1960						
death.		PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF RENOT IN HOSPITAL OR INSTITUTION. GIVE STREET HOSPITAL OR ADDRESS OF LOCATION!	4. USUAL RESIDENCE (Where deceased I ved. If institution resident A. STAYE A. STAYE (Where deceased I ved. If institution resident A. STAYE)	alto.					
s ofter y the f 2 shou		INSTITUTION /5 LEVELO	e, STREET ADDRESS (If rural, give location) 5 St Michaels Way						
4 hour ed in b	1	5 St. Michaels Way							
within 2 stely fills . Pages	5, 5	male white widower single (Specify)	B. DATE OF BIRTH Feb. 12-1881 9. AGE (In years) If Under 1 Months	Days Hours Min					
xecuted a compli-	war	LA USUAL OCCUPATION (Give kind of the done during most of working life, even plifted) Returned P.R.R. Carpenter	Baltimore, Md.	zen of country? . S.A.					
cian and	13.	John Streib	14. MOTHER'S MAIDEN NAME Margaret Nauman						
th certificate k ling physician se remove car n 72 hours off		Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO		St. Michaelfs					
TENDING PHYSICIAN: The law requires that the deal the head of an attending physician. OR: After this certificate has billin signed by the attended for use as the burial-transit permit. Then please burial, cremation, or removal, and in any event within		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, million or complication which caused death,)		NEET AND DEATH					
	AL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, 15 ANY, GIVING PISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, (C)	Crtitioschoon						
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CARROLL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Pelmonany Guplyen	we 3yrs.					
		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	CONDITION FOR WHICH OPERATION 20. A YES	AUTOPSY?					
		22. I certify that (1) (this haspital) attended the deceased from 10-1934 19 to Curry 70 1960, that (1) (we) last saw the deceased alive on curry 18 1960,							
OR A ined by DIRECT Id be c prior t		and that iff (my) (our) opinion deoth occurred of 7 m, from the couses and on the date stated above.							
spiral e reta ERAL 3 shou gistrar		ATTENDING PHYS MED DIRECTOR STAFF PHYS M. D. 4	808 Harpord Rd. 18/2	1/60					
TO HOSPIT may be r TO FUNER. Poge 3 st the registr	REA	BURIST, CREMATION, 248. DATE 245, NAME OF CEMETERY OR CREMA	Baltimore, Md.						
VS A15 (4) 15M 9/58	25A	A DATE REC'D BY HEALTH DEPT/ 258. NAME OF REGISTRAR	Leonard J. Ruck 5305 Hars	ford Rd.					

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



LEALTH DEPT.

TO DEPUTY MEDICAL EXACTINEE: This certificate should be executed within 24 hours after death. If any death, is made of secure the certificate, and the formeral director.

A should be forwarded of the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your file.

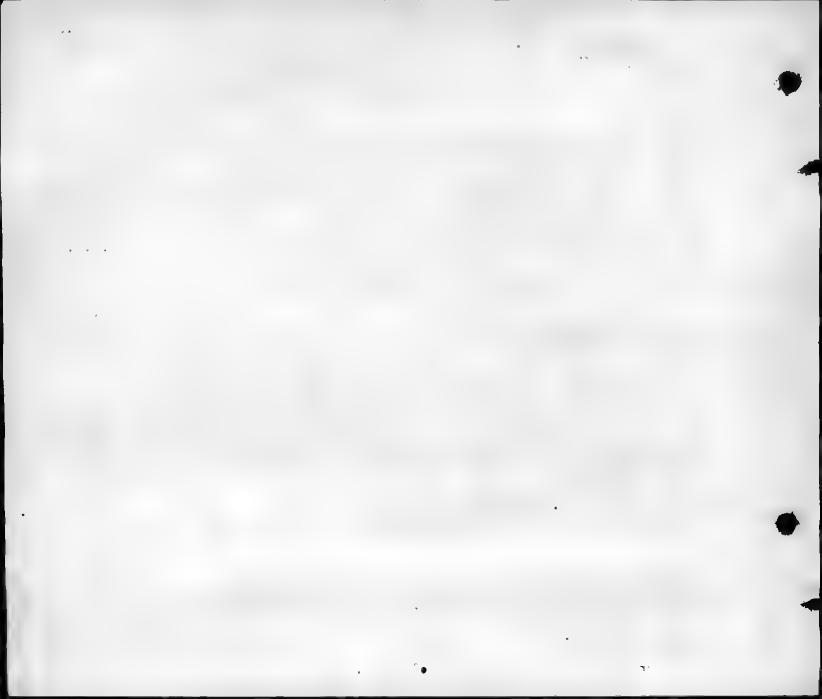
TO FUNERAL DIRECTOR: Page 3 should be used as a burchtansit permit. Fitte pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriot, cremation, ar removal, and in any event within 72 hours after death

VS A15ME &M 2157

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1160110

	89	36 _							R	eg. Dist. No	990
	PLACE OF DEATH	LP U.				2. USUAL RES	DENCE (Where dec	teased lived	If institution	Residence bef	fore odm ssign)
	a. COUNTY	Baltimor	e	MARYL	AND	o STATE	Virginia	ł	. COUNTY		
	b CITY OR TOWN (1	avis de corporate limiti	wite RURAL	C LENGTH OF STAY IN	dl v	 	FOWN (If outside :		n is, write RUR	AL and give n	earest town)
	Owings Mi			8 yea	ars		Manassas			, nie 2	P
	d NAME OF HOSPITA	AL OR INSTITUTIO	IN (If not a hosp	otal, give street address)		d STREET A				1	ON A FARIAS
	Rosewood	Trainin	g School	L			361 Mana	ssas	Drive		YES NO T
3.	NAME OF DECEASED	-	First	Middle	-	Lost	4 DATI	magnitude at	Month	Doy	Year
	(Type or print)	E:	rnest	Frederi	ck	St.	reif OfAT	TH	August	3	1960
5.	SEX	6 COLOR OR R	ACE 7 MARRIE	D NEVER MARRIED	B X	DATE OF BIRTH		9 AGE		, -	IF UNDER 24 HPS
	Male	White	e WIDOWED	DIVORCED [) (October	20, 194	9 10	Mori Mor	nths Doys	Hours Min
100	USUAL OCCUPATIO	IN Give kind of w g life, even if retir	rork done 10b Ki red)	IND OF BUSINESS OR IN	DUSTR	RY 11 BIRTHPLA	CE (State or foreig	in country)		2. CITIZEN OF	F WHAT COUNTRY?
							ginia _			y.s	. A .
13	. FATHER'S NAME					14 MOTHER'S					
_		rnest S				L	Daniels			-	
15. [Ye	, WAS DECEASED EVI	ER IN U. S. ARMEE (If you, give mer or do) FORCES? 16 5	SOCIAL SECURITY NO		FORMANT			Address		
		No_		None_	Rec	cords a	t Rosewo	od O	wings .	Mills,	Marvland
				or (a), (b), and (c).]						UNITED ONSE	TYAL BETWEEN ET AND DEATH
	PART I. DEAT	IH WAS CAUSED ! IMMEDIATE CAUS	F(o) Resp.	iratory Fai	lur	re - du	e to str	angul	ation_	Mi	nutes
		DUE	TO								
	Conditions, if a		the Cause	ed by forei	gn	body in	ntrache	as	mall a	pold	
	(a), stating the				1	7 77 11	g	2	26 7		
	couse fost.	,	107	enital cere		- The second second					
CATION	PART II, OTH	ER SIGNIFICANT (CONDITIONS CO	NTRIBUTING TO DEATH	BUT NO	OT RELATED TO	THE TERMINAL DISE	EASE COND	ITION GIVEN II	1 1	9. WAS AUTOPSY PERFORMED? YES NO
CERTIFIE	20g. EXTERNAL CAUPRIMARY 23 or CONCAUSE OF DEATH.	ISE WAS	206 DESCRIBE	HOW INJURY OCCURR	ED (En	nter noture of inj	ury in Part I ar For	I II of item	18)		
h .	CAUSE OF DEATH.	11110011110	Decea	sed choked	on	apple.					
MEDICAL	20c. TIME OF INJUI	RY Month, Day		NJURY OCCURRED 20e	PLAC	E OF INJURY (H	ome, form, i 20f (i	City or lown)	(County)	(State)
WED	2:15 p.m	Aug. 3	1960 of wor					inee l	Viilla	D-1+:	imoro Md
ľ		nat I took cho	rge of the r	emains described	abov	re, held an	Autopsy ,	Inspect	ion 🕎 I	nguiry X	, and in my
				ausės 🔲 Accide			, Homici				
	121	/	C 119	7 - 14 Major 1 - 1 - 1	1.5		المجا	'ليبا			, 5
	ACTUAL SIGNATURE	Enlan-	Z //()	1. St. lien		CHIEF M	EDICAL EXAMINER				DATE SIGNED
		and a few	1.12 4		*	ASSISTAN	IT MEDICAL EXAM	INER 🔲		Augu	ust 3,1960
	EXAMINER'S CL.	arence E	. Mc Wil	liaus M.D.	Act	i no DEPUTY I	MEDICAL EXAMINE	T.X			
220	BURIAL CREMATO	IN 226 DATE TH		22c NAME OF CEMETER			22d LO	CATION (C	ty, fawn, or co	uniy)	(Stote)
I	removal (Specify) Silnia⊒	Aug. 6.	1960	Hillcrest (Ceme	ete v	An	nar.ol:	le. Mar	บไลทส์	
	ENTIRE AT DIRECTOR	and the " to	- Arene	ADDRESS			240 REC'D BY REC		246 REGISTRA		¢E.
	HAT	the town the	16 00/11	Ann. 21:0	Ma		DATE AUG 8	'60	anth	on S. Han	44



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8937 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lated 11 institution Residence before admission) o COUNTY **b.** COUNTY MARYLAND b EITY OR TOWN (If outside corparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWARTH outside/corporate limits, write RURAL and give nearest town) BURAL and give negrest lown) Glendale d. NAME OF HOSPITAL (March of hospital, give street address). d STREET ADDRESS e. IS RESIDENCE OF INSTITUTION ON A FARM? YES NO 5 NAME OF First Middle DATE DECEASED OF DEATH (Type or print) Sarah Elizabeth 19 5 SEX 6. COLOR-BIC PACE 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH AGE (In yedfs IF UNDER I YEAR IF UNDER 24 HRS loss birthdoy) Months Doys Hours DIVORCED [7] WIDOWED 🗀 YCS. 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, given if retired) 12 CITIZEN OF WHAT COUNTRY Hereckery at home Md . 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending physicia in please remave co William Ricks IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address I'ves, no, or unknown) | (If yes, give wor or dates of service) Mr. Karry R. Summers -67h2 Glenkirk Ed. 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b) ond INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Korca IMMEDIATE CAUSE IOI Conditions if any, which gned gove rise to immediate couse (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19 WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING ☐ OR CONTR BUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) Month, Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work p. m. that I last saw the deceased 21. I certify that attended the deceased from _____ alive on 7-0 and that death accurred at___ M, from the causes and an the date stated above ADDRESS (Street, city or DATE SIGNED ACTUAL SIGNATURE retained may be a Dike page 3 shau the registrar PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Burial Woodlawn Cem Woodlawn NERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) CALLA J. MANNE 15M 10/57



8938

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CEDTIEICATE OF DEATH

08910

CERTIFICATE OF DEATH								
PLACE OF DEATH a COUNTY Baltimore MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission of STATE MG. Baltimore	n)							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown) Baltimore C. LENGTH OF STAY IN 1b Maryland								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4414 Hillside Avenue d. STREET ADDRESS 4414 Hillside Avenue e. IS. RESID	ARM2							
NAME OF DECEASED (Type or print) Bernard J. Sweeting, Sr. OF DATE OF DATE OF DATE OF DATE OF DEATH August 17, 1960, 196)							
male 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER WIDOWED DIVORCED Dec. 23.1896 63 yyrs. 63 yyrs.	24 HRS Min							
On USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT CO CUSTOM Working life, even if refired) Balto. Nat'l Bank Maryland U. S. A.	UMTRY							
13 FATHER'S NAME								
Thomas B. Sweeting Mary Davidson								
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address								
(Yes, no. or writingwar) (If yes, give wor or defeat of vervice) 718-10-5872 Emma C. Sweeting 4414 Hillside Ave	ABOUT THE							
PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) LO DUE TO Conditions if any which gave rise to immediate couse (a), stating the under lying couse lost. DUE TO (b) (b) (c)	i R							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION CONTRIBUTIO								
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a m 19 While Nat while of wark at wark	(State							
21. I certify that (I) (this-hospital) attended the deceased from. 1855, to live // 1966 that (I) (w	e) la							
22c PHYSICIAN S ATTENDING MED STAFF DRECTOR PHYS DECTOR PHYS DECTO	DATE SIGNE							
NAME (17/00) John Coolahan, M. D. 1/201 li seus 12-2								
23c BUR AL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or caunty) (State)								
Burial 8/20/60 Loudon Park Cemetery Baltimore, Manylond								
REMOVAL (Specify)								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death age 4 may be relatined by the relating physician and completely filled in by the funeral Greecian, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Hea th prior to burial, cremation, or remaval, and in any event, within 72 haurs after death

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

BY 3 STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

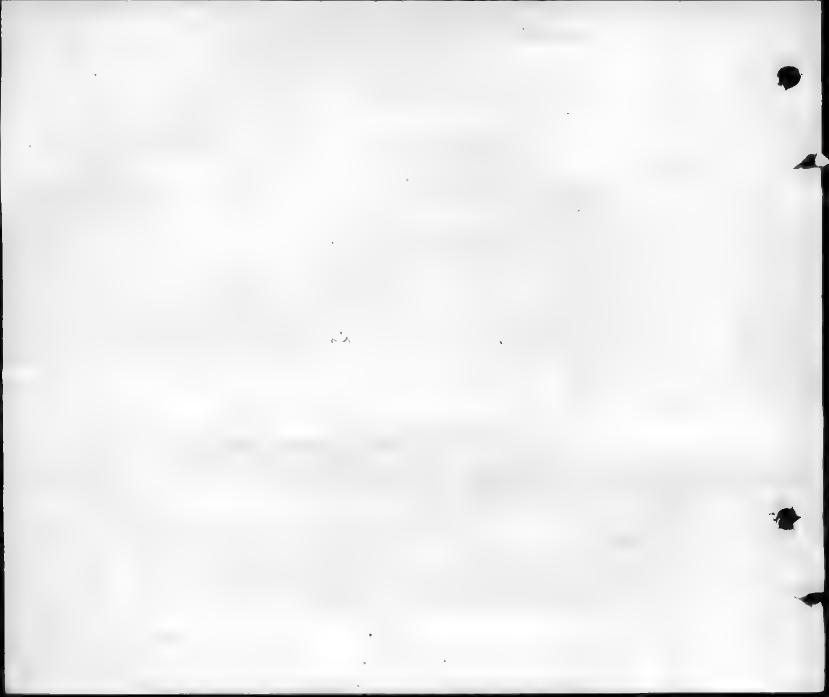
08911

1	PLACE OF DEATH a. COUNTY	Baltimore		MARY	LAND	2 USUAL RES	MENCE (WE		lived IF institut b. COUNTY		e before Bot	admissi Livian	on)
	b CITY OR TOWN (If RURAL and give new	outside corporate himi crest town) attonsville	ts, write	Months	IN 1b		TOWN (If o	· ·	ate limits, write	RURAL and gi	ive negre	st tawn)
	d NAME OF HOSPITA		ive street			d STREET		e				1S RESI	DENCE
_	OR INSTITUTION	House i						elt St	. \	1. 5		ON A	NO X
3.	NAME OF DECEASED	Fir		Middle		lo		4. DATE OF	Мо		Day	Υ	601
L	(Type or print)	30	HIII	Н.		THOMPS	OIV	DEATH		3	_7_	1	9 60
5	SEX M	6 COLOR OR RACE	7 MARE WIDOWI	IED MEVER MARRIE		DATE OF BIRT			9. AGE (In years lost birthdoy) \$\times 2 yrs	Months		Hours	R 24 HRS Min.
10	u USJAL OCCUPATIO	N (Give kind of work i	iane 10b	KIND OF BUSINESS O	R INDU						EN OF W	VHATC	OUNTRY?
	during most of worki	ng life, even if retired				GF	ORG	10					
13	FATHER'S NAME	, # ### #				14. MOTHER'S							
		UNK.				U	NK.						
η̈́ξ				SOCIAL SECURITY NO.	. 17 10	FORMANT			Ádi	dress			
Ľ	is, no, or unknown,	f yes, give war or dates of s	PLA(CB)	MA 7		Family							
CERT FICATION	Conditions, if on gove rise to in couse (e), stoting t lying couse lest. Part II. OTH	mediate DUE TO LE SIGNIFICANT CON L'AUTONNE DE DEATH	DITONS	ONTRIBUTING TO DEA	Ten	stre p	Per TERM	tus.	It Cour	VEN N PARY	P. 2. 1 (0) 19	WAS A	NOTOPSY RMED?
MEDICAL	20c TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While	NJURY OCCURRED Not while t of work	20e. PL	ACE OF INJURY street, office	(Home, farm te bldg., etc	20f. (City	or town)	(C	ounty)		(Stote)
		21 certify that (1) (this haspital attended the ecceased fram											
L	BURIAL, CREMATION REMOVAL (Spec fy) BITT 1 AT	8///	60	23c NAME OF CEME Wes by Lev	Cer	1.	25a. PFC'			or county)	NATURE	(Stote	9)
	McCully	runeral H	omes	130 E. r'ort	t Av	e.		UG 1 0 '8		Wilmy S.		4	

TO HOSPITAL OR ATTENDIAGE PHYSICIAN: The law requires that the death certificate be executed within 2 haurs after demay be remained by the following the complete of the compl

haurs after deat

VR A15 (4) ISM 9/59



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arthur & Hours

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

112010

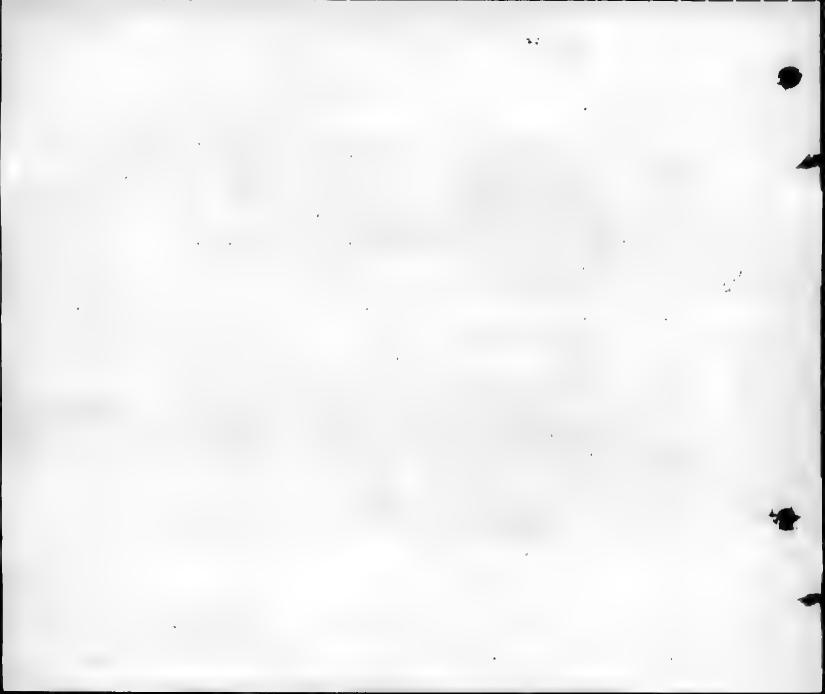
	8941	CERTIFICA	IE OF DEAT	Н		ACOT	· 3
n. COUNTY	timore	MARYLAND	2. USUAL RESIDENCE (o. STATE Marylan		red If institution: Re B. COUNTY	esidence before ad	lmission)
RURAL ond give	(If outs de corporate limits, writ nearest town) PISON	e CLENGTH OF STAY IN 16	CITY OR YOWN (limits write RURAL		
OR INSTITUTION	PITAL (If not in hospital, give strong in hosp		d street ADDRESS Teaple		pts Madiso	4 0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First SOPHIA 1	Middle Middle	Lost	4. DATE OF DEATH	August 2	27 ,1960	Year 19 6
Female	270 4 4	ARRIED NEVER MARRIED 1	B DATE OF BIRTH July 2. 191		AGE (In years F UI lost birthdoy) Mor	nths Days Ho	
0a USLAL OCCUPAT during most of wo Secret	orking life, even if retired)	06. KIND OF BUSINESS OR INDU		ote ar foreign count timore, M		2. CITIZEN OF WH	AT COUNTI
3. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME			
Moses	Tobias		Anna ?				
S. WAS DECEASED EV	/ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.1	NFORMANT		Address		
no	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M	r. Abraham T	obias- Te	emple Gard	ien Apts.	
Conditions if gave rise to cause (a), stating lying couse last	immediate g the under-	Chinesand Revolution C	legional de	mysy 49	and a	ad Aug	1960 of
200 ACCIDENT WOR CONTRIBUTION	ly directed	AS CONTRIBUTING TO DEATH BUT SECRET HOW INJURY OCCURRI	day an	rema)	ONDITION GIVEN IF	PE	ERFORMED
20x TIME OF INJL Haur o. m. p. m.	. Y	H INJURY OCCURRED 20e Prile Not while for at wark	ACE OF INJURY (Home, factory, street, affice bldg.,	orm. 20f (City or etc.)	town)	(County)	(51)
saw the dece	nat (I) (this hospital) attended asseduative an1	ended the deceased from	death accurred at	19-5 to H	11 11 1	19_60 that (ited abo
22c. PHYSICIAN'S NAME (Type)		PRIMAKOF	ATTENDING PHYS 22d ADDRESS	MED DIRECTOR -	STAFF PHYS. D AU	1.78 G	A LE
Burial Specif		23c NAME OF CEMETERY OF Hebrew Frie			N (City, town, or car Lmore, Mar	ryland	(State)
M, FUNERAL DIRECTO		ADDRESS C. 6010 Reist Ro	- 3	EC'D BY REGISTRAL		R'S SIGNATURE	
OT. BEATH	pour or prop. Inc	OOTO HOTOR 10	DATE	EP 1 '60	Chilling	S. Kinua	

may be retained by the the trial or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 22 haurs ofter death. VR A15 (4) 15M 9/59

PEYSICIAN: The low requires that the death certificate be executed

TO HOSPITAL OR ATTENDED



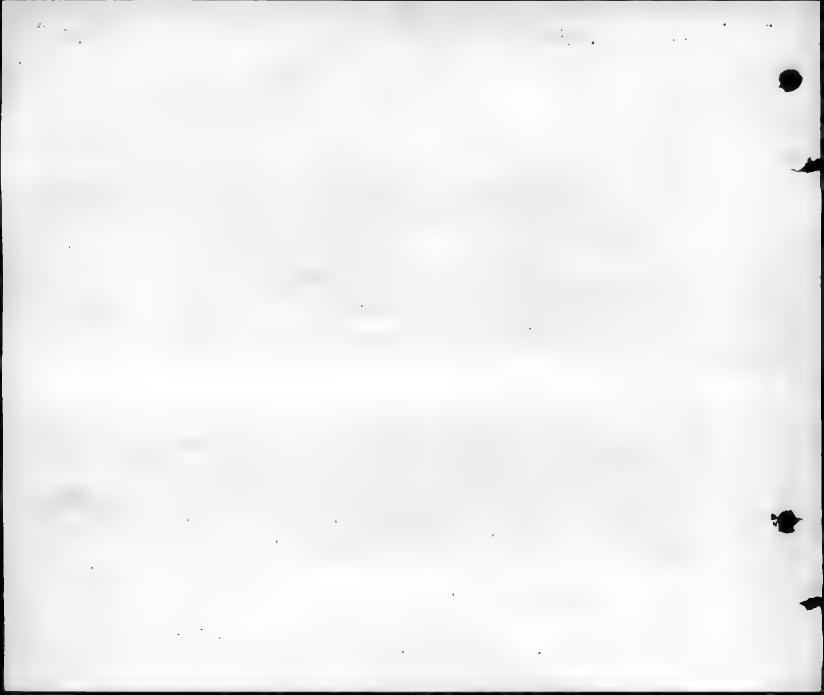
may be retained by the table or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremotian, or remaval, and event, within 72 hours after death. PHYSICIAN: The low requires that the death certificate be executed within 24 TO HOSPITAL OR ATTEN

VR A15 (4) 15M 9759

-7		SPRIV G GRC	VE ST
		NAME OF DECEASED (Type or print)]
	5 9	SEX	6 COLOR
		female	whi
	10a	during most of working housew	
	13.	FATHER'S NAME	
		Will	iam M
		WAS DECEASED EVER	IN U. S. Af
vo	_	no	
100		IB CAUSE OF DEAT	in the
.)		, PART 1 DEAT	H WAS CAL
		700	
		Canditions, if on	
		gave rise to Im	
		lying cause last.)
	8	PART II OTHI	ER SIGNIFIC
y	3CA1		(
*	MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTR BUTING (IF EITHER, NOTIFY)	DAUSE C
	DıCAI	20c T ME OF INJURY	Manth,
	ME	m q	
		21 I certify that	(I) (this
		sow the decease	ed alive
		220 S GNATURE	Ken
		22c PHYSICIAN'S NAME (Type)	Stell
	230	BUR AL CREMATION REMPTHAN (PROTEST)	N, 236 DA
	24,	FUNERAL DIRECTOR'S	SIGNATUR

	PLACE OF DEATH	ltimore		MARYL	AND	2 USUAL RESI	DENCE (WA Mary la			institut d OUNTY	n Residen	nce before	odm'ssig	s h)
	b CITY OR TOWN (III RURAL and give no	autside carporate limi	s, write	c. LENGTH OF STAY II	4 1b	c. CITY OR	TOWN (If a	ulside corp	orate limits,	write RI	JRA: and	Bive neare	ist tawn)	
	Catonsvi	lle		18yr8mth23	dvs	Balt	imore	2			61		1	
	OR INSTITUTION	AL (If not in haspital, g				d STREET A					4	ė	ON A	
_	SPRING GRO	VE STATE H	OS.T :	TAL		2548	Robb S	Stree.	t				YES 🔲	ио 🗍
3.	NAME OF DECEASED	Fir		Middle		Los		4. DATE OF		Mon	lh	Day	Y	ear
	(Type or print)	Myrtl	е .			Townser		DEATH	_	Aug		25		960
5	SEX	6 COLOR OR RACE		ED NEVER MARRIED		DATE OF BIRT	1	202	lost bir	n years thday)	Manths	Days	Rours	Min
• • •	female	white	WIDOWE			March		901	59	yrs	10.07		141117.00	
10c			Sone 10b	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPL			country)		12 CIT	IZEN OF V	VHATCO	OJINTRY?
	housev	viie				1	Mary				U	_S.	_A	
13.	FATHER'S NAME		_			14. MOTHER'S								
1.0		liam Michel		SOCIAL SECURITY NO.	T	ORMANT	le Mch	Kinnor	1	Add				
	n, no, or unknown]	R IN U. S. ARMED FOR If yes, give war ar dates of s	Brvice)		_					Addi	4753			
	no			nknown	rt	ecords:	SPR	ING G	ROVE	ST	ATE	HORF		
				e for (a), (b), and (c)-]									VAL BET	
	, PARIT DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o	Art	erioscler of	tic_	cardiova	ascula	er dis	sease					
	700	DUE TO												
	Canditions, if or)											
	gave rise to 11 couse (a), stating 1													
_	lying cause last.) (c												
ĮĞ.	PART II OTH	-	_	ONTRIBUTING TO DEA	_		THE TERM	NAL DISEA	SE CONDIT	ON GIV	EN IN PAR	RT 1(a) 19	WAS A PERFOR	UTOPSY RMED7
5				decubitus									YES 🔲	NO 🔼
CERTIFICATION	20a. ACCIDENT WA OR CONTR BUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	206 DESC	TRIBE HOW INJURY OC	CURRED	. (Enter nature o	if injury in f	Part I ar Pa	ort II at item	18)				
MEDICAL	20c T ME OF INJUR Have a m. p m	Y Manih, Day, Ye 19	While	LURY OCCURRED Not while all work		CE OF INJURY (ary, stree), affic			ly ar tawn)		(County)		(State)
	21 I certify tho) attend	ed the deceased f 2519 60, and i	rom	July 1		55 10.	Aug	25	, 19	60tho	.t (l) (v	ve) lost
	22o S GNATURE	ed drive on	Aug.	TEDIATOR, and I	inar ae	earn accurre	d or	JWI, TEOM	i the cau	ises on	d on m	e dore		DATE
		Xuna	1,00	hylin	N	D PHYS	X D	RECTOR [A CDZD	Aug.	25,	196
	22c PHYSICIAN'S NAME (Type)	Stella Wad	hs le:	r, M. D.		22d ADDR		Caton	GROV svill			10 SPI Tylan	d	
230	BUR AL CREMATIO	N, 236 DATE THEREC		23c NAME OF CEME		CREMATORY Cemetery		23d 1OC	Balti	nore	or county)	yland	(State	·)
24,	FUNERAL DIRECTOR	ssignature ight Inc.	6009	Harford Rd.	Ba.	lto. 14	250 REC'I	D BY REG S			STRAR'S SI			
							DATE					THAMA		



Kate Malone Address. whknown un'm own Records: STATE 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Terminal pneumonia IMMEDIATE CAUSE (6) DUE TO 6 Generalized arteriosclerosis Conditions, if ony, which gove rise to immediate couse DUE TO (a), stoting the underlying Intertrochanteric fracture of left femur couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS, AUTOPS V PERFORMED? YES 🚮 NO T

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) (27)

20d. INJURY OCCURRED 20o. PLACE OF INJURY (Home, farm. 20f (City or tawn)

hospital 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection . Inquiry . and find that

Suicide .

factory, street, office bldg., etc.)

shed down by another patient, striking left hip and tertrochanteric fracture of left femir

retained 1 puo 1, 2, may ed within 24 hours 18. Give Pages 1 PM3. Page 5 m bod I in Item 18 with form form 8 -transit pencil olong o Office 10 pending used Examiner's should cute the certificate, we the v farwarded to the Ch.c. Medical S FUNERAL DIRECTOR: Page 3 st 0 5M 9755

CERTIFICATION

NO DE

20g. EXTERNAL CAUSE WAS

20c. TIME OF INJURY

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

REMOYAL (Specify)

PRIMARY | or CONTRIBUTING |

220, RURIAL, CREMATION, 226, DATE THEREOF

delay is necessory al director. Pag

funeral

2

prior

files.

Your

٥

VS. ATSME(5)

George M. Kieffer DEPUTY MEDICAL EXAMINER 19

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, fown, or county)

Catonsville

Hamicide . Undetermined cause

Longsvamp.

(State) Penna

8-12-60

DATE SIGNED

pt. was

Sustaining

(State)

08915

e. IS-RESIDENCE

YES | NO

Year

19 60

Min.

ON A FARM?

Reg. Dist. No.

Day

U. S. A.

IF UNDER TYEAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

12

August

78m.

Mertztown Cemetery Removal-Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

Month, Day, Year

death resulted from: Natural causes 1

While

19 60 at work at ot work

Not while -

Accident .

24a, REC'D BY REGISTRAR John O. Mitchell & Sons, Inc. 1900 Eutaw Place DATELUG 1 5 '60

CHIEF MEDICAL EXAMINER

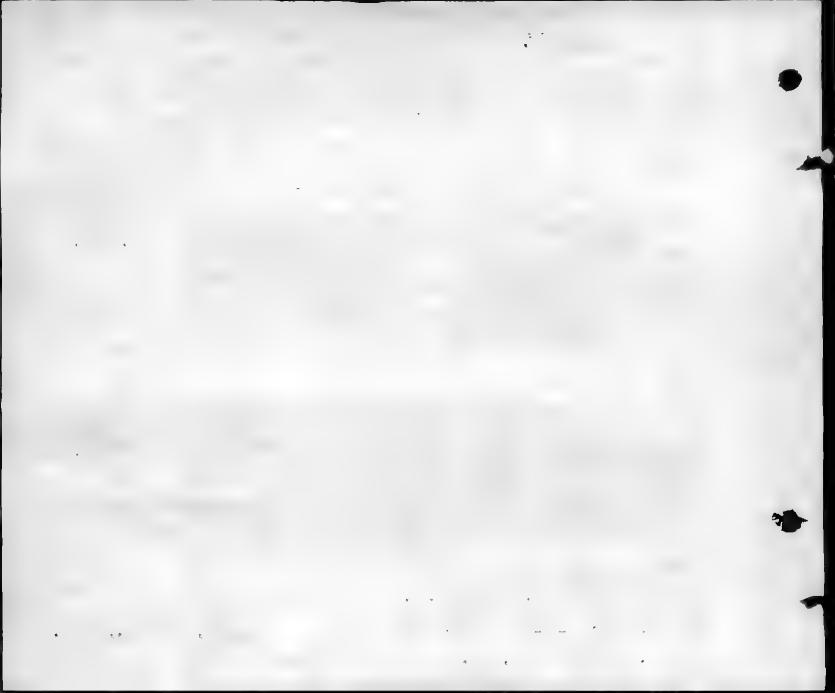
ASSISTANT MEDICAL EXAMINER

Burks Co. 24b. REGISTRAR'S SIGNATURE

7-12-60

(County)

Circling & Heard



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

8800 DIVISIO	N OF STATISTICAL RESEARCH AS CERTIFICA	ND RECORDS — BALTIN TE OF DEATH	ORE 1, MARYLAND	08916
PLACE OF DEATH o. COUNTY Baltim	ore maryland	2 USUAL RESIDENCE (Whe	re deceosed fived iff institution in the country	Baltimore
b. CTY OR TOWN (If outside carporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corparate limits, write RI	JRAL and give nearest town)
Arbutus]	Arbutus		/
d NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION	street oddress)	d STREET ADDRESS	1	e IS RES DENCI
4201 Fordh	am Rd.	4201 Fordh		YES NO
3. NAME OF First DECEASED (Type or print) 1233 M (The	rner Middle	Lost	4. DATE Mon OF DEATH 8/21/6	
S SEX 16. COLOR OR RACE 17		B DATE OF BIRTH	9 AGE (In years	IF JINDER 1 YEAR IF UNDER 24 H
Female White	IDOWED DIVORCED	July 25.187	1 89 yrs	Months Days Haurs Mir
18a USUAL OCCUPATION (Give kind of work dail during most of working life, even if retired)	ne 10b. KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State of	r foreign country)	12 CITIZEN OF WHAT COUNTI
<u>Housewife</u>	Home	Iowa		
13 FATHER'S NAME		Katherine		
Robert B. Frye				
(Yes, no, or unknown) [If yes, give war or dates of servi		IFORMANT	Addi	627
non	e none Th	elma C. Wel	1s,#201 For	dham_Rd
18. CAUSE OF DEATH [Enter only one cous	e per line for (o), (b), and (c)	P.		INTERVAL BETWEEN
PARY I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)_	Caremetre	un de	uer -	8 4 Trs.
56 DUE TO				
Conditions, if any, which) (b)_				
gove rise to immediate				
lying couse lost.				
	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AALD SEASE CONDITION GIV	TEN IN PART I(a) 19 WAS AUTOP PERFORMED? YES NO
	DE SCRIBE HOW INJURY OCCURREN	D. (Enter noture of injury in P	ort I or Port II of Here 18.)	
20c TIME OF INJURY Month, Day, Year Haur a.m. p. m 19		ACE OF INJURY (Home form, story, street, office bldg., etc.)	20f (City or town)	(Caunty) (\$10
21. I certify that (I) (this haspital) saw the deceased alive an			to any 21	, 19 60 , that (I) (we) lid on the date stated above
22a. SIGNATURE Bradley	1 -	ATTENDING ME		22b DATE S GN
22c PHYSICIAN'S NAME (Type)		22d. ADDRESS		
23a BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) 8/25/60	23c NAME OF CEMETERY O	R CREMATORY W Cemetery	23d. LOCATION (City, town, Pueblo, Col	
24 FUNERA DIRECTOR'S SIGNAL RE HOWARD H. Hubbard	,4107 Wilkens		BY REGISTRAR 256, REGI	STRAR'S SIGNATURE

ector, TO HOSPITAL OR ATTENDAY'S PHYSICIAN: The low requires that the death certificate be executed within 24 naurs arrer again may be retained by the final or attending physicion.

TO FUNERAL DIRECTOR: Aff. this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the State Board of Health priar to burial, cremation, ar removal, and in any event, without 72 hours after death

VR M15 (4) ISM 9/59



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TO FUNERAL DIRECTOR:

retoined



Reg. Dist. No. 17

1	PLACE OF DEATH o COUNTY			2, USUAL RESID	DENCE (Where deceas			are admission)
	Dan La	nere	MARYLAND	1	F.A.	b. COUNTY	Dalban	
Г	b, CITY OR TOWN (if outside carp RURAL and give nearest town)	orate limits, write	c LENGTH OF STAY IN 16	c CITY OR T	OWN (If outside corp	orate limits, write R	URAL and give no	earest fown)
	Rural Pilesvi	ille	10 vrs.	Rural	Pikesvi	Hle C.	mie A	
Г	d NAME OF HOSPITAL (If not in a	hospital, give street	address)	d, STREET A	DDRESS	,		e. IS RESIDENCE ON A FARM?
	11 militare	Ave.		776 534	Miles ic.			YES NO
3.	NAME OF	First	Middle	Lasi	4. DATE	Mon	th C	Day Year
	(Type or print)	concr	Mag	TITLE FAIT	OF DEATI	and the second		19 60
5	SEX 6 COLOR O	OR RACE 7 MARR	HED NEVER MARRIED	B. DATE OF BIRTH	4	9 AGE (In years lost birthday)		R IF UNDER 24 HRS
	elo Whi-	WIDOW	ED DIVORCED	47 27 27 "	7.3001.	ALZ	Months Days	Hours Min
10	 USUAL OCCUPATION (Give kind during most of working life, even 	of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (State or foreign	country)	12. CITIZEN C	OF WHAT COUNTRY?
	Housevife	in remed)	0um home	Phil	ladelphia	а. Га.	U.S.	. A .
13.	FATHER'S NAME		All at a little day and a little day and a little and a	14. MOTHER'S	MAIDEN NAME			
	Charles Chri	istian R	erg	Sara'	1 67 3 1.	- T		
15	WAS DECEASED EVER IN U. S. AR			INFORMANT	10 .1.	" " Add	(ess	
(Y	n. no, or unknown] (If yes, give wor	or dates of service)	Pione M	- Olynni	1 THE THE	7 776	TTALLT	,
	TIP CAUSE OF DEATH (Season			and any and a	. <u>(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) </u>	<u> </u>	LIKE	TERVAL BETWEEN
	1B. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAU			,	111	- /.		SET AND DEATH
	IMMEDIATE	CAUSE (o)	Noute P	gocaro	dial -	- infare	1104	48-4001
	1+70"	DUE TO						
	Conditions, if ony, which gove rise to immediate	(b)						
	couse (o), stating the under-	DUE TO	_					
	lying couse last.	(c)			A M A			
FICATION	PART 11. OTHER SIGNIFIC.	ANT COND TONS	CONTRIBUTING TO DEATH BL		THE TERMINAL DISEA	SF CONDIT ON G V	EN IN PART 1(a)	19 WAS AUTOPSY PERFORMEDS
CAI		(1)	cabetes M	cellilus				YES NO
CERT FI	200 ACCIDENT WAS UNDERNIED OR CONTRIBUTING CAUSE CHIEF CONTRIBUTING CAUSE CONTRIBUTION MEDICAL EX	NG 205 DESC	CRIBE HOW INJURY OCCURR	RED (Enter noture of	finjury in Post I or Po	ort II of item 18)		
	(IF EITHER, NOTIFY MEDICAL EX	MINERY						
MEDICAL	20c, TIME OF INJURY Month,			PLACE OF INJURY (I	Home, farm, 20f. (Ci	ty or town)	(County	(Stote)
MEC	p. m.	19 While of wor	k at work		Diago, Diago	,		
	21. I certify that I attend	ded the deceas	ed from	11/10/2	, to	8/12/19/0	that I last sa	w the deceased
	alive on	- / /	and that deat	4		4 /		
	diive oii	-4-4	, and mar deal	in occurred dig		street, city ar town,		DATE SIGNED
	ACTUAL	alen !	h much	Pun 14.	1/	To The	Rel.	Stoke
	SIGNATURE		J. Offer			11 60	111	
	PHYSICIAN'S GERALD	N. MACCIE	, M. D.		Mes	ville 8,	MA	
22	BUR AL, CREMATION, 225 DAT	E THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOC	ATION (City, lown,	or county)	(State)
	REMOVAL (Specify)	7	100 p	,		11100, 11	, o o	
23	FUNERAL DIRECTOR'S SIGNATURE		- ADDRESS		24a, REC'D BY REGI	STRAR 24b REGI	STRAR'S SIGNAT	URE
	200 10 /42 Ost	1/1/10	111/11/	2 142	DATE AUG 1 6		relies & the	
1-/	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 - 4 No Con 8	A CONTRACTOR		THE PARTY OF		many a la	AU/A

may be retained by the history and or ottending physicion.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death

may be retained by the harmonic TO FUNERAL DIRECTOR: After TO HOSPITAL OR ATTEND

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 00/2

ACO10

0340				0.0314
1 PLACE OF DEATH g COUNTY		2 USUAL RESIDENCE (Where dece		Residence before admission)
Bal timore	MARYLAND	o. STATE Maryland	b COUNTY	Baltimore
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C CITY OR TOWN (If outside co	rporate limits write RUF	(AL and give nearest town)
Catonsville	2mth6dys	Baltimore C	unty	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	OSETAL	3338 Kerry F	oad	YES NO
3. NAME OF First DECEASED	Middle	Last 4. DAT	E Month	Doy Year
(Type or print) Seymon	ır	Vanderporten DEA	TH Augus	t. 26 1960
5 SEX 6 COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		F UNDER 1 YEAR IF UNDER 24 HR: Months Days Hours Min
male white widow	/ED DIVORCED	Aug. 14, 1892	68 yrs	Solution Eddy Highest Mills
10a JSUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
shoe salemman	Jalesman			U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
UNTERNATE Benjamin Vand	erporten	teres a feet	Bessie ?	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 [Yes, no, or unknown] Iff yes, give war or date, of service)	. SOCIAL SECURITY NO 17. II	IFORMANT	Addres	15
unknown	<u>062-03-9663 Rec</u>	ords: Spring Grov	e State Hos	pital
18 CAUSE OF DEATH [Enter only one couse per I	ine for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	rterioscle m tid	cardiovascular (iisease	
4-12 DUE TO		and a second control of		Et. injuries
Conditions, it only, which (b)	eneralized arte	troscretosis		
gove rise to immediate DUE TO				
lying cause lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS			ASE CONDITION G VE	N IN PART 1(a) 19 WAS AUTOPS) PERFORMED?
3	Parkinson's			YES NO E
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or	Part II of item 18)	
A	for a	ACE OF INJURY (Home, form, 20f (City ar town)	(County) (State
Haur o.m. p.m. 19 at wa	rk Ol work	tiony, areas, orrica stage, etc.;		
21 I certify that (I) (this haspital) atten	ded the deceased from	July 14 2060 1	Aug. 26	19 60 that (1) (we) las
saw the deceased alive an Aug. 26	19 60, and that a	leath accurred at 2 M. fro	im the causes and	an the date stated above
220. SIGNATURE	.A		in the education disc	22b DATE
Lustta	Law	M.D. ATTENDING MED DIRECTOR	STAFF PHYS I	8-26-60 SIGNE
22c PHYS CIAN S NAME (Type)		22d ADDRESS SPRING	GROVE STA	AME HOSPITAL
Loretta Hs	u, M. D.	Catman	rille 28. Ma	aryland
23a BURIAL, CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY O		CATION (City town, or	
REMOVAL (Specify) Removal Aug 26/60	Mt. Hebron	Ner	Vork, N. J	r.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REC AUG 2	SISTRAR 256 REGIST	RAR'S SIGNATURE
Sol. Levinson & Bros. Inc.	6010 Reigt. Ro	nate HUU Z	Chi	Chur S. Krand

director, TO HOSPITAL OR ATTEND.

HYSICIALS: The low requires that the death certificate be executed within 24 hours after death may be retained by the controlled in the controlled in the controlled by the controlled in the controlled in the function of Functions and campletely filled in by the function page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be the State Board at Health prior to burial, cremation, ar removal, and in any specifically within 72 hours after death

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VR A15 (4) 15M 9/59





08920

1	PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2, USUAL RESIDENCE (W	There deceased liv	red If natitudio b. COUNTY	n Residence	before adm	asion)
	b CITY OR TOWN (IF	autside carparate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF	autside corporate	r limits, write Ru	JRAL and g's	ve negrest tar	wn)
	Rural ond give nee	11e		Baltimo	re				*
_	MAME OF HOSPITA	AL (If not in hospital, give street	address)	d. STREET ADDRESS			4	e IS RI	ESIDENCE
	Summ	al (If not in hospitol, give street)	ome	2027 E. 31	Lst St.				A FARM?
3	NAME OF DECEASED (Type or print)	HARRY	Middle F	WAGNER	4. DATE OF DEATH	Augus		.960	Year
5	SEX M	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED D	B DATE OF BIRTH April 16.1		AGE (In years last bighday)	IF UNDER T	YEAR IF UNI	DER 24 HRS
100	during most of works Clerke	N (Give kind of wark dane 10b, ng life even if retired)	KIND OF BUSINESS OR INDE	STRY 11. BIRTHPLACE (STOR		try)	12 CITIZI	EN OF WHAT	COUNTRY?
13	FATHER'S NAME		•	14. MOTHER'S MAIDEN	NAME				
1	Marti	in Wagner		Not Kr	nown				
15.	*******	IN U S. ARMED FORCEST 16	SOCIAL SECURITY NO	NFORMANT		Addr	611		
	Yes.	W.W. 1	CARLES WAS A STATE OF THE STATE	Robert Wagn	ier-202'	7 E. 3	lst S	it.	
		TH [Enter only are cause per lit TH WAS CAUSED BY IMMEDIATE CAUSE (a)	e for (a). (b). and (c) V	e/ //as	culdr			INTERVAL I	BETWEEN O DEATH
	331	DUE TO	Ac	cident	-				
	Conditions, if on		1,	/ ((/ / /					
	cause (a), stating t								
7	lying cause last.) (c)							
CERTIFICATION	PART 1 OTHI	er significant conditions <u>c</u>	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE CO	OND TION GIV	EN IN PART	PERF	ORMED?
	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY /	☐ CAUSE OF DEATH!	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Port I or Port II	of item 18.)			
MEDICAL	20c TIME OF INJURY		6.0	ACE OF INJURY (Hame, far ictory, street, affice bldg et		tay n)	(Ca	unty)	(State)
MED	Hour a.m.	19 White of world		and and a	-/-	//			
	21. I certify the	at I attended the dedeas	ed from 25	1 10	8/2/	(2-G)	that I last	saw the	deceased
	alive on	- $ -$		accurred at 445	M, from the				
		Ollin	01 1	15.	ADORESS (Street	t, city or town,	state)		TE SIGNED
	ACTUAL SIGNATURE	Meth	Hory	MD /303	Frede	V5 C/C	RE	a	Late
	PHYSICIAN'S NAME (Type)	WE	m · Greta	6 Cc7	tonsvi	11/1 2	Show	, 8/	18/6
22	BUR AL, CREMATION		22c. NAME OF CEMETERY C	OR CREMATORY	22d LOCAT OF	N (City, tawn, a	r county)	(S)	ate)
	REMOBLISPICATION	L 8-9-60	Meadowridg	e Cem.	E1	kridge	. Md.		
	FUNERAL DIRECTOR'S		ADDRESS	240 REC	AUG 11	D DAN DECOM		YATURE	
de	COTTON LOI	TOTAL HOME, C	atonsville,	Md. DATE	AUU	0 4	- '		

VS A15 (4) 15M 9/58



() () (DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

02021

arthur & Kana

	8949	CERTIFICA	TE OF DEATH		110341
PLACE OF DEATH a COUNTY	Baltimore	MARYLAND	2 USUAL RESIDENCE (Where a. STATE Mary)	e deceased lived If institution and b. COUNTY	: Residence before admission)
RURAL ond give	nsville	7 uns _	Sptophyt	side corporate limits, write RUF Uf/ Ba.timo	re 24
OF THE OF HOSE	The Nursing H	ome	d STREET ADDRESS	Lanclesea 3	t is residen On a far Yes No
3. NAME OF DECEASED (Type or print)	Arthur First ARTHU	e Anthur F.	Hallea ALICLE	OF August	25, 1980 Year
s sex		ARRIED INEVER MARRIED DIVORCED	B. DATE OF BIRTH	lost birthday1	F UNDER I YEAR IF UNDER 24 Manths Days Hours N
10a. USUAL OCCUPAT during most of we Labore	orking life, even if retired)	06. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Store or	foreign country)	12. CITIZEN OF WHAT COUN
13. FATHER'S NAME	Walken	677	14. MOTHER'S MAIDEN NA	ME VIEW	
15. WAS DECEASED EN	/ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		INFORMANT Vary (pristian	1212 Arrles	-
IB. CAUSE OF D	EATH (Enter only one cause pe				INTERVAL BETWEE
Canditians, if gave rise to cause (a), statin lying cause las	immediate g the under: DUE TO (c)	NS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO, THE TERMIN.	AL DISEASE CONDITION GIVE	N N PART I(a) 19 WAS AUTO
OR CONTRIBUTION	VAS UNDERLY NG D 206 E	DESCRIBE HOW INJURY OCCURR	LED (Enter nature of injury in Pa	rt for Part II of item 18 }	YES NO
ZOC TIME OF INJ.	. 10 Wh	1 2	PLACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.)	20f. (City or town)	(County) (S
sow the dece	53 /-	ended the deceased from	/0/20 195 death occurred at /03	X, to $2/2$	on the date stated ob
22a SIGNATURE	Curr Co	with f		CTOR PHYS	87 L SIG
22c PHYSICIAN'S NAME (Type)	CLIFF	RATLIFER	22d. ADDRESS 460	5 Ed vron	book de
23g. BURIAL, CREMAT REMOVAL (Special DUTLIT). 24. FUNERAL DIRECTO	Aug 27, 196	23c NAME OF CEMETERY Schwartz (Cemetery	BALLIMORE, BY REGISTRAR 256, REGIST	county) Stole) Prantand RAR'S SIGNATURE
(d. 1 A M		Baltimore St.		0.0100	Lun 8 45

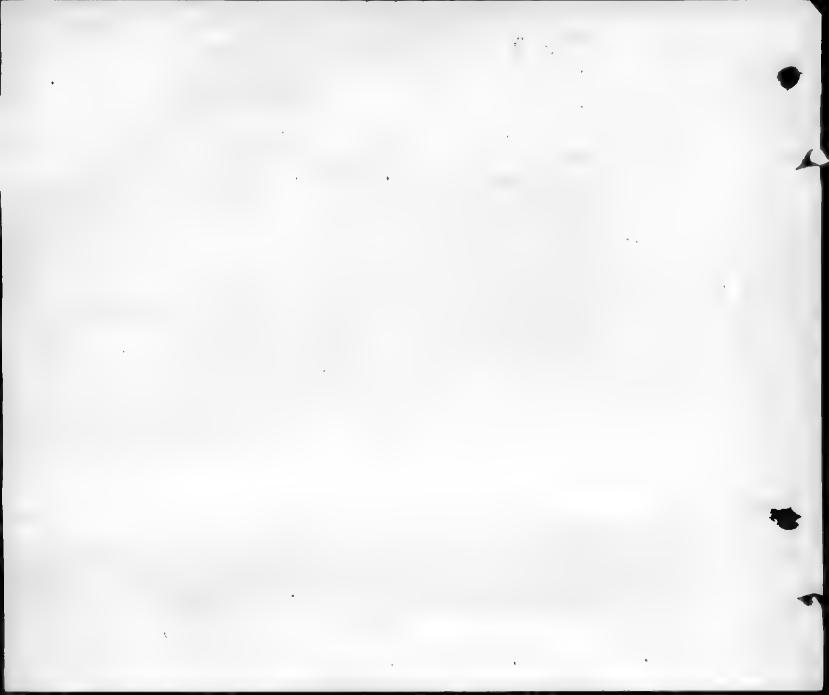
may be retained by the transference of a cartending physician.

O FUNERAL DIRECTOR: Afficial has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING May be remained by the TO FUNERAL DIRECTOR: AF

PHYSICIAN: The law requires that the death certificate be executed within 21

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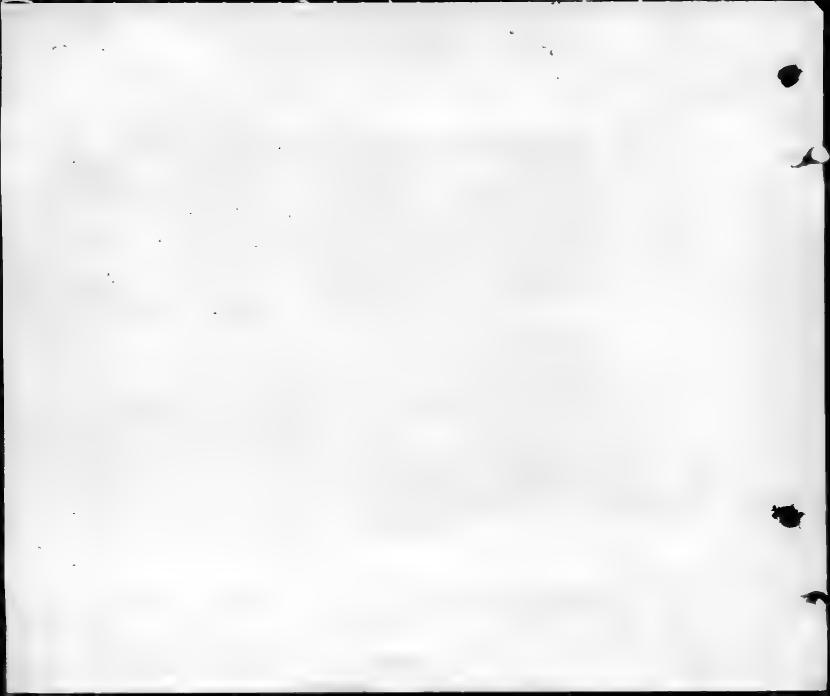
08922

	1	890U THAN CERTIFICATE OF	JF DEATH	00000
		COUNTY	UAL RESIDENCE (Where deceased lived If institution STATE b. COUNTY	
		Dallmar MARYLAND	me.	Erete.
	بعرا	20 RAt grid give nearest town)	CITY OR TOWN (If outside corporate limits purite R	RURAL and give nearest town)
		NAME OF HOSPITAL (It prof in hospital give street address)	STREET ADDRESS	OLL . IS RESIDENCE
		5623 Edmondson Clue	56236dmond	SON YES NO S
	3 N	IAME OF First Middle Cot /	Lost 4. DATE Mor	th 27/1/28
	S &	Type or print) 6 COLOR OR RACE 7 MARRIED 13 NEVER MARRIED 13 8 DATE	E OF BIRTH P AGE (In years)	J. FUNDER 1 YEAR IF UNDER 24 HRS
	Z	6 COLOR OR RACE MARRIED NEVER MARRIED B DATE ON LL (1) WIDOWED DIVORCED CO	Vil 23/ 1909 Last proposity	Months Days Hours Min
	10a	USUAN OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 during most of workhoute, even frei red.	BURTHPLACE (Stote or foreign country)	12 C TIZEN OF WHAT COUNTRYS
		Herrelary Christand Warm	Falto, Mix	· W. J. W.
	13	att Lordon Barron w	MOTHER'S MAIDEN NAME	- 12 A 11
	15	WAS DECEASEDEVER IN U S ARMOD FORCES? 16 SOCIAL SECURITY NO 17 INFORMA	ANT ANT	en pt
1	,,,,,,	no, or unknown) (If yes, give way of dates of service)	20. W. Wassel 11 Ki	dee let 28
)		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	the contract of	1/2/1.
		TAD DUE TO COMMENT TAN	and air	1/2/2
		Carditions, if ony, which gave rise to immediate DUE TO	JA (003)3	722
		ty ng couse lost Arteris sclemeis	- Ser	600.
	NO.	PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION G	VEN N PART (a) 19 WAS AUTOPSY PERFORMED?
	FICA1	Diabetis - Mild Controller		YES NO 🔼
	CERT	206. DESCRIBE HOW INJURY OCCURRED (Ente OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	er noture of injury in Port I ar Part II of item 18.)	
		and the second s	INJURY (Home, form, 20f, (City or town) reet office bldg , etc.)	(County) (Stote
	MEDI	Hour a. m 19 While Not while foctory, sf at work at work	see one ordy, e.c.,	
		21 I certify that (I) (this haspital) attended the deceased from		, 1960, that (I) (ap) last
Ť.		saw the deceased glive an A 22, 1960, and that death	accurred at 2.2M, from the causes ar	nd an the date stated above.
1			ATTENDING MED STAFF DIRECTOR PHYS	8/27/ SIGNED
/		22c PHYSICIAN S' NAME (Upo)) CILAC A / CTAA / LA # 3	2d ADDRESS	O la Fr
		J. CHAS. MORTON, JR. ALS.	5550 Baito. Note	rike, 28.
ì	430	BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERS OF CREM	ANTORY 23d LOCATION Ciry, town	ar county) 9. Mel
N.	24	FUNERAL D. RECTOR'S SIGNATURE ADDRESS		ISTRAR'S SIGNATURE
	1/1	1, hto 7 11/110/16 dout on sou	DATE AUG 2 9 '60	Inthur S. Flours

may be retained by the total or attending physician.

TO FUNERAL DIRECTOR: Affairly scrifticate has been signed by the attending physician and campletely filled in by the funeral attractor, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld-be-kied with the State Board at Health prior to burial, cremation, or removal, and in permy within 72 hours after death. haurs ofter death HYDICIAM: The law requires that the death certificate be exacuted within 24

TO HOSPITAL OR ATTEND VR A15 (4) 15M 9/59



MADVIAND STATE DEDARTMENT OF HEALTH

YLAND

MINKILMIN	JIMIE DEL	WKIMEIAI	OL UEWFILL
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS - BA	ALTIMORE 1, MAR
DIVISION OF STATISTICAL CEI	RTIFICATE	OF DEAT	TH .

L		036) Y	CERTIF	CAI	E OF DEATH				118	3923
y	PLACE OF DEATH	altimore		MARYL	AND	2 USUAL RESIDENCE (WHO STATE WAT Y LAND	iera deceasa	ed lived. If institution b. COUNTY	n Resident	se befor	e admission)
ſ	b CITY OR TOWN (if auts de carporate limit eorest town)	s, write	c LENGTH OF STAY I	N To	c. CITY OR TOWN (If a	utside corp	orate limits, write RC	JRAL and g	jive ned	rest town)
L	T	owson				Baltimore					
	d NAME OF HOSPIT	TAL (If not in haspital gi	ve street c	oddress)		d. STREET ADDRESS		4			o IS RESIDENCE
		rmacost Nur	sing	Home		Homewood	Apts.				YES NO
3	NAME OF DECEASED	Firs	t	Middle		Lasi	4. DATE	Moni	th	Da	y Year
	(Type ar print)	Carri	e Bro	ooks Warner			DEATH	Augus	st 26		19 60
5	SEX	6 COLOR OR RACE	7 MARRI	IED NEVER MARRIE	D [] 8	DATE OF BIRTH	-	9 AGE (In years	IF UNDER		IF UNDER 24 HRS
	Female	White	WIDOWE	D DIVORCED		February 4,1	870	last birthday) 90 yrs	Months	Days	Hours Min
10	USUAL OCCUPATION	ON (Give kind of work d king life, even if retired)	lone 10b I	KIND OF BUSINESS OF	INDUST	RY 11 BIRTHPLACE (Stote	or foreign o	sauntry)	12 CITI	ZEN OF	WHAT COUNTRY?
	House			Home		Kentuc	krv		1	U.S.	A
13	B. FATHER'S NAME					14. MOTHER'S MAIDEN N	_w				
	Thoma	s E.O. Broo	ks			Angie	Pegg				
		R IN U. S ARMED FOR		SOCIAL SECURITY NO.	17, INF	ORMANT		Addr	ess		
,	No. or unknown	(If yes, give wor or dates of se	rvioe)		De	. C. Gardner	Warns	er 7115 B	rietni	1 R	i.
=		ATM [Enter only one con	ise per lin	effor (a), (b), and (d)				(RVAL BETWEEN
						ET AND DEATH					
420 1 DUETO CATOMARALE DAVOSATEL Chr. Willowardies Dames							was co				
	Canditions, if a		Ba	xf 07	100	ch.	- 7				(/
gave rise to immediate oue to course (a), stating the under DUE TO COURTE COURSE (A).											
	lying cause last.	(c)	_56	Printile.	U	,		V			
PANT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS' PERFORMED? YES NO [PERFORMED?				
200 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH COR CONTRIBUTING CAUSE OF DEATH COR CONTRIB											
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m While Nat while of wark at wark						(State)					
21 I certify that (1) (this haspital), attended the deceased from TI, ay 1947, to 2. 6 all 9, 1960, that (1) (w							at (I) (we) last				
L	saw the decea	sed alive on A.	2 (1.11	4-19.60 and	that de	ath accurred a 30	M, fram	the couses(a)	d an the	date	stated above
	220 SIGNATURE	261	1) 9	lilao)	ATTENDING _ M	ED RECTOR [STAFF			226 DATE SIGNED
4st.	22c PHYS CIAN'S	ep 11 Co	111	Market 1	* II	22d. ADDRESS		,			
	NAME (Type)	Dr. Josep	h E.	Muse, Jrt		2725 N.	Charl	les Street	ե		

may be retained by the relation of attending physician.

TO EUNERAE HIRECTOR A Lithis certificate has been signed by the ottending physician and completely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 shauld be the State Board of Health prior to burial, crematian, or removal, and to one went, within 72 hours after death

PHYSICIAN: The law requires that the death certificate be

VR A18 (4) 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE John O. Mitchell & Sons, Inc. 1900 Eutaw Place

230 BUR A., CREMATION, 235 DATE THEREOF REMOVAL (Specify) 8-29-60

Loudon Park Com.

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City, tawn, ar county)

Baltimore Maryland 250 REC D BY REGISTRAR

(Stote)

DATE AUG 2 9 '60 Orthur S. Kraus



1 3		MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMO	ORE, 18
		8952 CERTIFIC	ATE OF DEATH	Reg. Dist. No. O 7
di mate di mat	1	LACE OF DEATH COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived o STATE b.	If institution. Residence before admission).
funeral		CITY OR TOWN (If outside corporate limits, write RURAL and give neasest town)	c. CITY OR TOWN (If outside corporate limited)	its, write RURAL and give nearest town)
d 2 sho		NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS	e IS RES DENCE ON A FARM? YES NO
2		IAME OF First Middle ECEASED (ype or print)	Lost OF DEATH	Month
Pog	5. :	6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. OATE OF BIRTH 9. AGE lost 75	(In years IF UNDER 1 YEAR F UNDER 24 HR byrlogy) Months Days Hours Min
death.	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	T-1 1 - 0 -	12. CITIZEN OF WHAT COUNTRY
a die corbo	13.	Hen ry Milton Watts	14. MOTHER'S MAIDEN NAME Hannah Dilwort	th
To the union	5 (Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.	INFORMANT	Address Editess
is signed by the attendisit permit. Then pleasind in any event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, f ony, which gove rise to immediate couse (a), stoting the under- lying couse lost. Cause (a) DUE TO DUE TO DUE TO OUT TO OUT TO OUT TO OUT TO OUT TO	leron genera	t interval BETWEEN ONSET AND DEATH 3 weeks
has beer riol-tran moval, o	ICATION	PAM II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BI		PERFORMED? YES NO
the bu	A. CERTII	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Port I or Port II of 1	
rans cer	MEDICA	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED While of work of work of work	PLACE OF INJURY (Home, Farm, 20f (City or town factory, street, affice bldg, etc.)	n) (County) (Stat
oched fo		21. I certify that I attended the deceased from OCL ative an laguet 10, 1969, and that dea	th accurred at 10 20 HM from the co	
RECTO be det		ACTUAL SIGNATURE CLEVENE & M. G. Chicans	M.D. Keisterston	Mary and aug 13/3
should jistror p		PHYSICIAN'S NAME (Type)	/	0 1 1 /
o FUNE page 3 the reg	_	BURIAL, CREMATION, 226 DATE THEREOF 22C, NAME OF CEMETERY	and the fine of	(Stote)
5 (4) 7/58	23	UNERAL DIRECTOR'S SIGNATURE ADDRESS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24a, REC'D BY REGISTRAR • DATAUG 1 6 '60	246. REGISTRAR'S SIGNATURE Criting S. Hama
	-	day 11. H. H. H. HILL - 12111 11	7. 3.27.	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

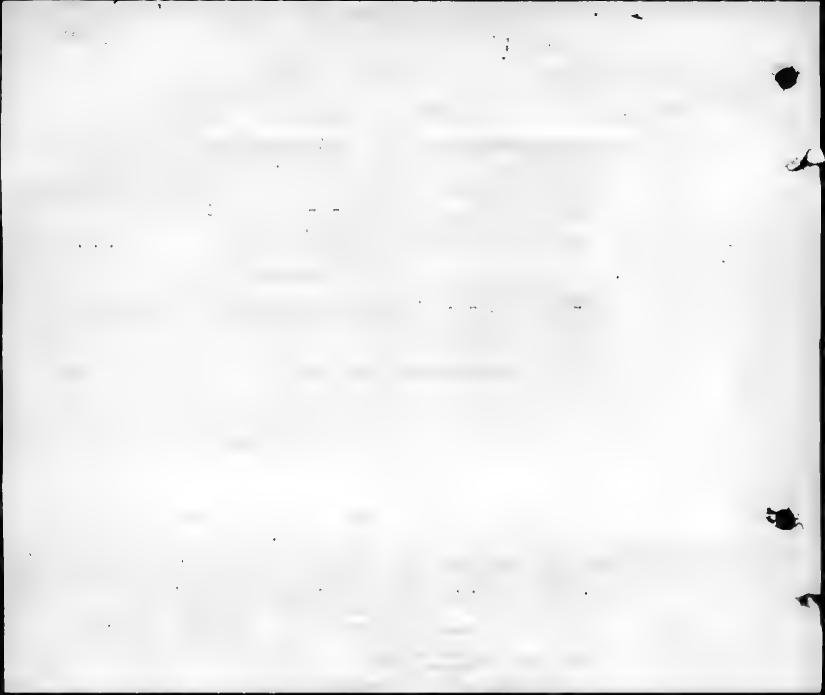
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	8993	CEKHIPICA	IE OF DEATH		((034;)								
)	1 PLACE OF DEATH O COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARY LAN	b COUNTY	on: Residence before adm ss on)								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c, LENGTH OF STAY IN 15	c CITY OR TOWN (If or	utside corporate limits, write R.	JRAL and give nearest town)								
	FORT HOWARD	152 DAYS	BALTIMORE	7	<u> </u>								
1	d NAME OF HOSPITAL (If not in hospitor, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		o IS RESIDENCE ON A FARM?								
	VETERANS ADMINISTRATION F	IOSPITAL		AIR IANE	YES NO N								
	3. NAME OF First DECEASED	Middle	Lost SR.	4. DATE Mont									
	(Type or print)	G URNEY		DEATH AUGUST	IF UNDER 1 YEAR IF UNDER 24 HRS								
			B. DATE OF BIRTH	9 AGE (in years ost birthday)	Manths Days Hours Min								
	MALE WHITE WIDOW		14-28-26	3lı yrs	12 CITIZEN OF WHAT COUNTRY?								
	10a USUAL OCCUPATION (G ve kind of work done 10b. during most of working life, even if retired)												
	MAINTENANCE MAN BA	LTIMORE PRESS	NORTH CAR		U.S.A.								
	JUDGE T. WATTS												
		SOCIAL SECURITY NO 17 IN	ETTA RUSS	Addr	ress								
	Yes, no, or unknown) If yes, give war or detes of service)	0 -1 ///-	IN REC VAH BA	LTO MD FT HOW	MARD DIVISION								
	TB CAUSE OF DEATH [Enter only one cause per li	INTERVAL BETWEEN											
PART I, DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) PNEUMONTA													
	163 V DUE TO												
	Conditions, fony, which) (b) ADENOCARCINOMA, LEFT LUNG 9 MONTHS												
	cause (a), stoling the under-	gave rise to immediate (DUSTO											
	lying cause lost.	lying cause lost. (c)											
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?												
	PART II OTHER SIGNIFICANT CONDITIONS			5 4 4 Providence April 2015	YES NO 🔼								
	CON CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	2 (tinter nature of injury in t	'art t or Fort II of (Iem 12)									
	Hour a.m. While	Not while fac	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.		(County) (State)								
		k ot work											
	21 I certify that (this haspital) attended the deceased from March 21 1260, to August 23 1960, that (we) last												
saw the deceased a ive an August 23, 1960, and that death accurred at P. M., from the causes and an the date													
	220 S GNATURE	00	ATTENDING MED STAFF Q SHANDO										
	22: PHYSICIAN S	aldle	22d ADDRESS	RECTOR PHYS E	0/24/00								
	FREDERICK S. DONALDSON,	M.D.	VAH, BALTI	MORE 18, MD.FC	ORT HOWARD DIVISION								
	23d BURIAL, CREMAT ON 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O		23d LOCAT ON (City town of	or county) (State)								
	BURIAL 8/26/60	BALTIMORE NAT			MARYLAND								
	24 FUNERAL D RECTOR'S SIGNATURE	ADDRESS 31 Brohms Lane			STRAR S SIGNATURE								
	Schimunek Funeral Home 33	Trimore 13 Md	DATAUU	25 '60 टान्स	and d. I come								

may be retained by the the follow attending physicion.

TO FUNERAL DIRECTOR: A Children with the contending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, without 2 haurs offer death. MHYSICIAN: The law requires that the death certificate be executed within TO HOSPITAL OR ATTENT

VR A15 [4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE **b.** COUNTY MARYLAND SHTE OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give negrest town) þ RURAL and muse nearest lown) nsbil NAME OF HOSPITAL (IF got in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM 20 YES [T NO .5 NAME OF filled DECEASED ÖF DEATH 10 (Type or print) odes UNDER I YEAR F LINDER 24 HRS S. SEX 6. COLOR OR RACE 9 AGE (n years, MARRIED T NEVER MARRIED T flost birthday Manths Doys Hours Min. DIVORCED WIDOWED popers. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) puo pou 13 FATHER'S NAM 14 MOTHER'S MAIDEN NAME physician 8 ove DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT guip eose 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). aftend ONSET AND DEATH ä PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which (b) gned gave rise to immediate DUE TO cause (a), stating the under lying cause last (c) PART 1 OTHER SIGN-FICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) ficote DICAL 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Hame, form, , 20f (City or town) Doy, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. m While Not while at work at work 21 I certify that (I) (this haspital) attended the deceased fram... 19.6.4. that (I) (we) last saw the deceased alive an ..., and that death accurred of M, from the causes and on the date stated above. FUNERAL DIRECTOR GNATURE 22b DATE SGNED ATTENDING PHYS MED DIRECTOR STAFE MD PHYSICIAIN imBeL c) NAME OF CEMETERY OR CREMATORY 0 **ADDRESS** 250 REC'D BY REGISTRAR DATE ANG 3 0 '60 VR A1S (4) 15M 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 2055

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<u> </u>											
Ī	O COUNTY Balto.	MARYLAND	2 USUAL RESIDENCE (WI		nstitut on Assidence be	fore-admission)					
)	b CUPCOR TOWN (If outside corporate limits, write	write RURAL and give n	e RURAL and give necrest fown)								
	d. DIAM'S OF HOSP TAL (If not us hospital, give street OR IS STHERMON	oddress)	d STREET ADDRESS	nford	ave:	e IS RESIDENCE ON A FARM? YES NO					
3	NAME OF DECEASED (Type or print)	U. Wei	nkam	DATE OF DEATH	111 26	Day Year 1960					
	male W WIDOW	DIVORCED D	8. DATE OF BIRTH 9/20/85	9 AGE (n lost birth	Months Days						
	10a USUA_OCCLPATION (G.ve kind of work dane 10b dueing host of walking life, even if retired)	KIND OF BUS NESS OK INDU	14 MOTHER'S MAIDEN I	d.	U,	S, a,					
	unknown		unh	now							
	S WAS DECEASED EVER IN U. S ARMED FORCES? 16. (Yes. no. or unknown) (If yes, give wor or doles of service)	SOCIAL SECURITY NO 17 III	- MAA	Moris	Lata	ier_					
	18 CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and, (c)] PART I DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO ONSET AND ONSET AND										
	Conditions, if ony, which gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u> [c]	Artenocler	otre Carde	o Vasc, d	ware						
6"	PART II OTHER S.GNIF CANT CONDITIONS					19, WAS AUTOPSY PERFORMED? YES NO X					
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 204. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part L or Part II of Item 18)											
	20c TIME OF INJURY Manth, Doy Year 20d INJURY OCCURRED Hour a.m. 19 While Not while of work at work a										
	21 I certify that (1) (this hespital) attends saw the deceased give an Arganization of Status of	26, 19 60, and that a	M.D. ATTENDING M.D. PHYS	M, fram the Laus	es and on the da	that (1) (wa) last te stated abave 72b DATE 1-21-60					
	22c PHYS CIAN'S HARRY L. WN 23a BURIA., CREMATION, 23b DATE THEREOF	The NAME OF CEMETERY OF	22d. ADDRESS 4/1/6 Ed	Imondson	Are town, or county)	15 per /					
	Busie any 29,6	· Found	mo asto	Ball	REGISTRAR'S SIGNAT	d					
1	Man Duff +	Son 3	ZZ DATAU	3 0 '60	Chilhun & Kin						

moy be retained by the total of the contribution of the contribution of the contribution of completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be the State Board at Health priar to burial, cremation, ar removal, and in any event, within 22 hours after death within 24 PKYSICIAN; The law requires that the death certificate be execute!! TO HOSPITAL OR ATTENDY

VR A1S (4) 15M 9/59

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nours ofter death



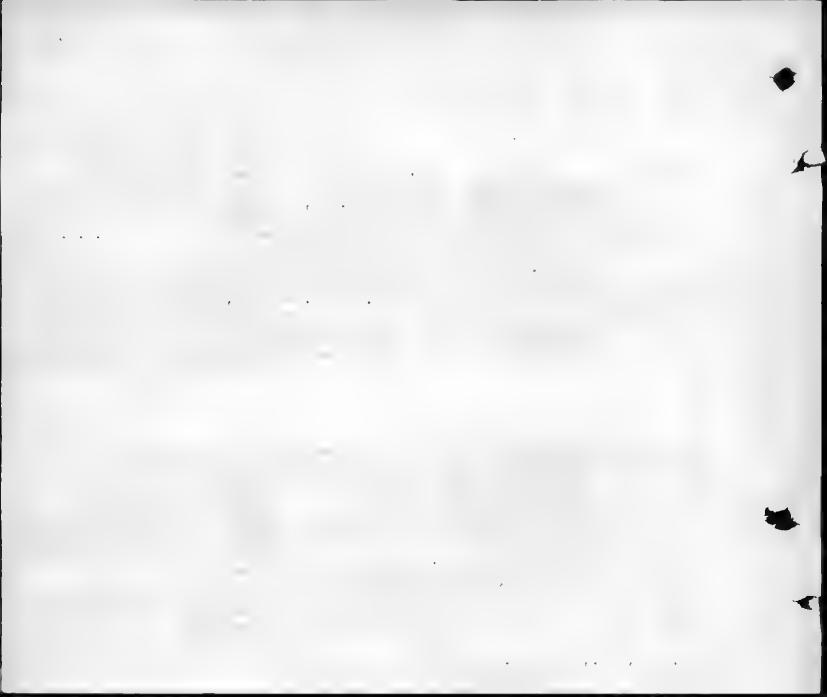
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 880 : CERTIFICATE OF DEATH 1, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) e. COUNTY o. STAMaryland b. COUNTY Baltimore Bal timore MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town Arbutus d NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 4501 Poplar Avenue 4501 Poplar Avenue YES NO 3. NAME OF Middle 4. DATE Month DECEASED E. OF DEATH Clarence Willard August (Type or print) 10 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9 AGE (In years per birthday) Nov. 20, 1884 Months Days male white WIDOWED [7] DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Store or foreign country) 12 CITIZEN OF WHAT COUNTRY? during ment at warking life, even if retired) U.S.A. Baltimore ond 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician emove carb George T. Willard Mary Helen Harding 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Mrs. Edna J. Harding, 4501 Poplar Avenue no 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSETAND DEATH PART I. DEATH WAS CAUSED BY: TEMMORHOGE IMMEDIATE CAUSE (o) CEREBRAL METERIO SCLEROSIS DUE TO RIOSCLEROTIC CARDIO VASCULADO Conditions, if any, which gave rise to immediate caste (a), stating the underlying couse last, PART AL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? ONCHIBL YES TO NON 200. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 120f. (City or lown) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Not while of wark of work 21. I certify that I attended the deceased from ZINOV ... 19 65 that I last saw the deceased _, and that death occurred at 92-45 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) SIGNATURES FUNERAL 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 8-27-60 New Cathedral Cemetery Baltimore O 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR

C Thur & Proud

DATE AUG 2 5 '60

Wm. Cook. Inc., 1217 St. Paul Street

VS A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

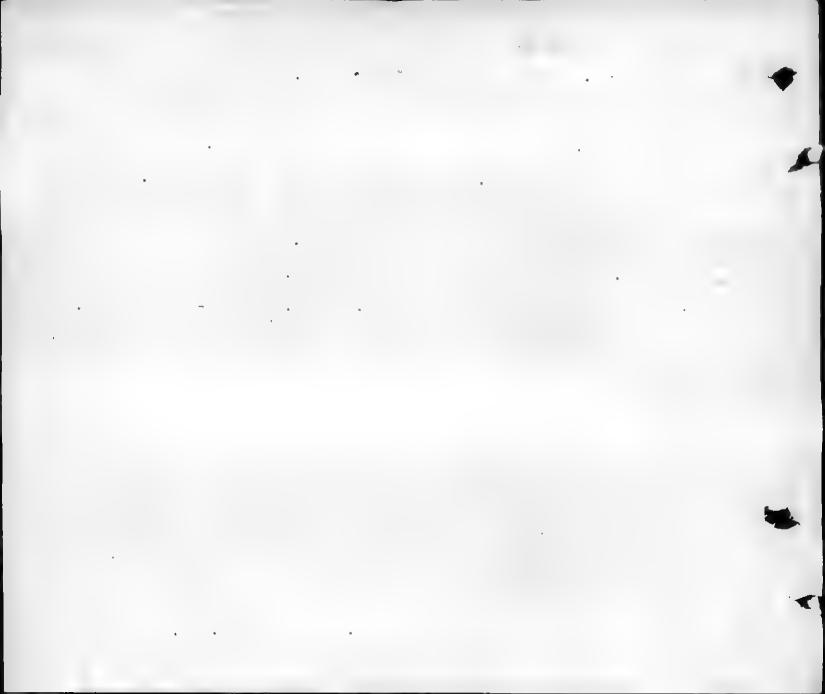
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1. PLACE OF DE 0 COUNTY	Balto.			MARY		STATE Md.	(Where decease	ed lived If institu b. COUNT		a before or	dmission)	
	DWN (If outside cor give nearest town)	porote limits, v	vri [†] e c.	LENGTH OF STAY	IN 1b	C. CITY OR TOWN	(If outside corp	orote limits, write	RURAL ond gr	ve negrest	town)	
Stevens						Ster	renson					
	HOSP TAL (If not in	hospital, giva	street add	iress)		d STREET ADDRES					RES DENCE	
Wilton	rood Rd.					Wili	tonwood	Rd.		YE	S NO	
3 NAME OF DECEASED (Type or print	}	First DuROTH	TV D	Middle	1.07) 7	.T.A.N.S	4 DATE OF DEATH		ug .	Ooy 8 .	Yeor 1960	
5 SEX	6 COLOR	2,71,74,11,7		NEVER MARRIE	- TT-0- 0-7-0	DATE OF BIRTH		9 AGE (In year	7		JNDER 24 HR	
female	whi		DOWED !	_		une 5, 189	96	loss birthday)	Months [ours Min	
10a USUAL OCC	UPATION (G've kin	d of work done	10b, KIN	ND OF BUSINESS O	R INDUSTI	Y 11. BIRTHPLACE (S	tate or foreign	country)	12.CITIZ	EN OF WH	AT COUNTR'	
	of working life, eve	1	Edin	antion		Md.						
SCHOOL:	teacher	(rtd)	EGU	cation		14. MOTHER'S MAID	EN MALLE					
S. PAINTER S NA	ALE.											
Robert						Mari	ion Wet!	nerill				
	ED EVER IN U. S. A	RMED FORCES	? 16 SO	CIAL SECURITY NO	17. INF	DRMANT		Ad	dress			
	for year, Street and	O. drares in Mitvici	"	no	Mı	James E.	. Willis	ams - Ste	venson	. Md.		
TIR CAUSE	DE DEATH Feder /	solv nee couse	per line l	for (a), (b), and (c)			# # From ploudoude 5	4,10		Y	BETWEEN	
	I DEATH WAS CA		11	A C C . C	16.91	1/2/17	has	7	1147-1		AND DEATH	
	IMMEDIATE CAUSE (0) / 11 / 13 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /											
1 2	DUETO // PARTY TO PAR											
Condition	Conditions, if only, which) (b) stages of the stages of th											
	to immediate	DUE TO	1.	-	12	1 , 1/2		1				
couse (o), storing the under												
,	PART (I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19 WAS AUTOPS											
PART	III OTHER SIGNIFI	CANT CONDITI	0142 COL	ALKIBOTHAG TO DES	AIN BUIN	OT KENTED TO THE I	ERMINAL DISEA	SE COND HON G	IYEN IN PAK	P	ERFORMED?	
5										YE	S NO [
OR CONTRIL	INT WAS UNDERLY BUTING D CAUSE O NOTIFY MEDICAL EX	OF DEATH!	DESCR!	BE HOW INJURY O	CCURRED.	(Enter noture of injur	y in Port I or Pa	rt II af item 18)				
	INJURY Month,			JRY OCCURRED	20e. PLAC	E OF INJURY (Home,	form 20f (Cit	y or lown)	(Co	ounty)	(Stot	
Hour Hour	o. m. p. m		While	Not while	TOCIO	ry, street, affice bldg	, etc.)					
					- 7	10 11 11	1013	Arres	7.1	,		
21 certif	fy that (I) (this	hospital) a	itended	the deceased	from (TY CO LO	10%_ to.	yned c	1949	≥, that i	(1) (we) la	
saw the c	eceased alive	an 1/=2	1-1	19(OL), and	that de	oth accurred at_	M, from	the causes a	nd an the	date sta	ated abavi	
22a SIGNA	LRE- A	v O	1				1/				226 DATE	
1 10	rellean	L. V2	en	vá	М	ATTENDING PHYS	MED D RECTOR	STAFF PHYS		8-1	SIGNE	
22c PHYSIC	IAN'S	^, /	- ,		- in	22d. ADDRESS	D RECTOR L	7 1	$A - \lambda$	g/-	2.00	
NAME		.nn]	-5	= do in)	-	2 3 2	C 12.	allan Il	Mond			
	WILL	MINT	ILE	14/1/1/	0_	201	-> 10	xeey 1	A 0 4.			
23a BURIAL CR		TE THEREOF	2	3c NAME OF CEMI	ETERY OR	CREMATORY	23d LOCA	ATION (City town	or county)		(Stole)	
REMOVAL (8/7	1/60		Loudon Pa	ark C	em.	Bal	to. Md.				
	ECTOR S CONATU	ŔE		ADDRESS	7 1		REC'D BY REGIS		SISTRAR'S SIGI	NATURE		
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11/1/11	4 July	MU	VX	form - 12	mer	DATE	AUG 11	'60 (In heart D.	/italia		
- 1		4				MILL						

may be retained by the fall or attending physicion.

Deuneral Directors: At this certificate has been signed by the attending physician and completely fulled in by the funeral directors as should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled the State Board of Health priar to burial, cremation, ar removal, and in any event, within 22 hours after death. G PHYSICIAN. The law requires that the death certificate be executed may be retained by the TO FUNERAL DIRECTOR: A TO HOSPITAL OR ATTEND VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

		893	16	CERTIF	ICA	TE OF DE	ATH				1189	30_
1 6	COUNTY Baltimore	e		MAR	rland	2 USUAL RESIDE 6. STATE Mary		re deceased	ived, if institut 5 COUNTY		before adm	nission)
ŀ	CITY OR TOWN (I	If outside corporate lims	ts, write	c. LENGTH OF STAY	IN 1b	c CITY OR FO	WN (If ou	tside corpara	te limits, write	RURAL and give	nearest la	(nwn)
	Fort Howa			6 Days		Baltin	more					
	d. NAME OF HOSPIT OR INSTITUTION	FAL (If not in hospitor, g	ive street c	oddress)		d STREET AD	DRESS			*		ESIDENCE
		Administra	tion	Hospital		812 B	ental	ou Str	eet			□ Nev⊡
- (NAME OF DECEASED Type or print)	Fir MANLEY	sl .	Middle		Lost WILLIAMS		4. DATE OF DEATH	August		Doy 10	Year 1960
5 5	EX	6 COLOR OR RACE	7 MARRI	ED NEVER MARRI	ED 🔲	8. DATE OF BIRTH	·	9	AGE (n years last birthday)			1
	Male	Negro	WIDOWE	D DIVORCE	D 🔲	May 1, 1	910		50 yrs	Months Do	ays Hou	rs Min
10a	USUAL OCCUPATION	DN (Give kind of work king life, even if retired	done 10b. I	KIND OF BUSINESS (DR INDUS	STRY 11. BIRTHPLA	CE (State o	r foreign cou	intry]	12.CITIZE	N OF WHA	TCOUNTRY
P	rinter			inting		Harts	ville	, S. C	arolina	U.	S. A.	•
13	FATHER'S NAME					14. MOTHER'S A	MAIDEN NA	AME				
E	phron Wil:	liams				Mary	Richa	rdson				
		R IN U.S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO	17. IN	IFORMANT			Ad	dress		
	Yes	II WW			Ve t	erans Adı	m.Hos	p.BALI	0,18,MI	Ft.Ho	brawc	Divis
	18. CAUSE OF DEA	ATH [Enter only one co	use per lin	e for (o), (b), and (c)		•			· · ·	- I	INTERVAL	BETWEEN ND DEATH
	PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO		CARCINGMA	OF.	COLON		<u>-</u>			UMKNO	
	gove rise to i couse (a), stating lying couse lost	m mediate (· · ··						
CATION	PART II OTI	HER SIGNIFICANT CON		ONTRIBLE NG TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	VAL D SEASE	CONDITION G	VEN IN PART 1	(o) 19 WA PER YES	FORMED?
L CERTIFI	OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY C	CCURRE	D (Enter noture of	injury in Po	ort for Port	It of item 18)			
MEDICAL	20c TIME OF INJUR Hour o.m. p.m.	RY Month Day, Ye	White at wark	Not white		ACE OF INJURY (H story, street, office			or town)	(Cou	onty)	(State
	21 I certify the	at (註 (this hospita) attend	ed the deceased	from	ugust 4	196	Q_ , to_A	ugust 1	Q_, 196Q_	, thatXP	f (we) las
		sed alive on AUB				leath accurred	3:15	M, fram t	he causes a	nd on the c	late stat	ed abave
	220 S.GNATURE	17 11 1	1.1.	Lenh	Ð.	ATTENDING PHYS 22d. ADDRES	☐ MEI		STAFF PHYS 🔀	8/10/	60	226 DATE 5 GNE
	NAME Type)	E.C. MC ELI	THE TO	CK_M_D				O. MD.	FT	HOWARD	DIVIS	ION.
23a	BURIAL CREMATIC	ON 236 DATE THEREO		23c NAME OF CEA	Not			23d LOCATI	ON (City lown,	or county)		itate)
24	FUNERAL DIRECTOR	S SIGNATURE	100	1809 N. Mo				BY REGISTR	AR 2Sb. REC	SISTRAR'S S GN	ATURE	

Baltimore 17, Md.

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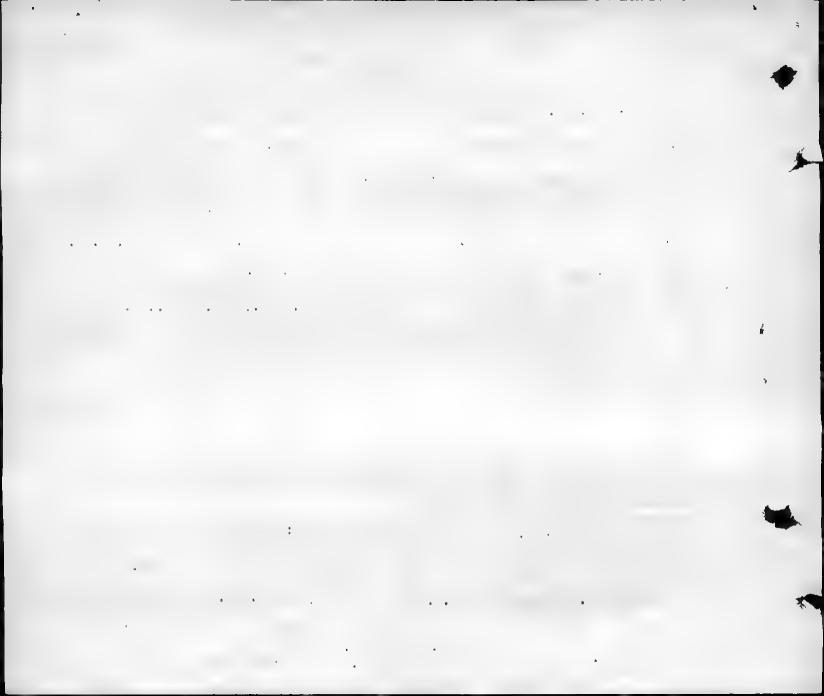
C-llan S. Kroug

his certificate has been signed by the attending physician and campletely filled in by the funeral for use as the burial-transit permit. Then please repove carbon papers. Pages I and 2 shauld be not to burial, cremation at remains, and in any evention that the death. TO FUNERAL DIRECTOR: At the contending physician.

TO FUNERAL DIRECTOR: At the content has been signed by the attending page 3 shauld be detached for use as the burial-transit permit. Then please the State Board of Health prior to burial, cremation or remains, and in any VR A15 (4) 1SM 97S9

Arlington S. Phillips

PHYSICIAN: The law requires that the death certificate be executed within 2



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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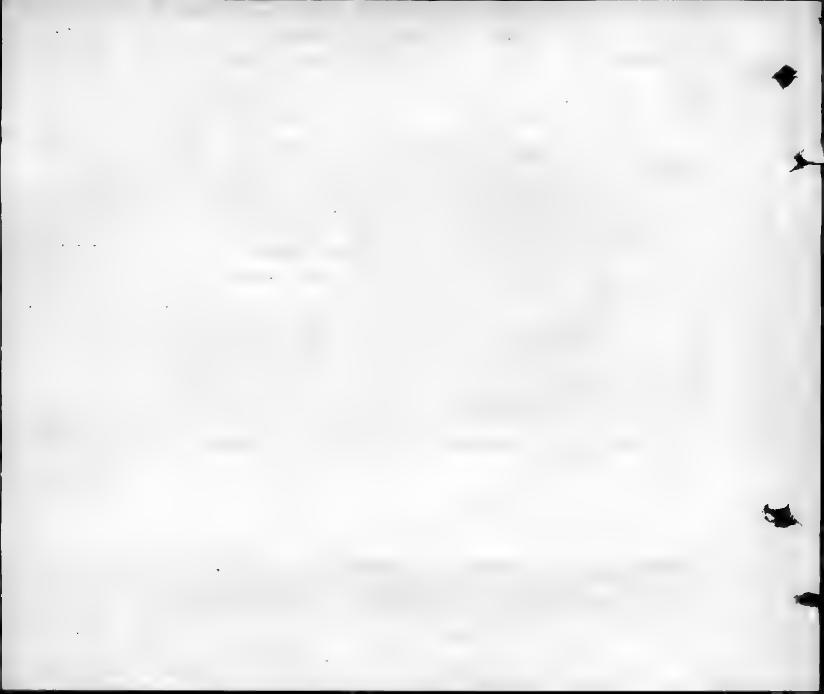
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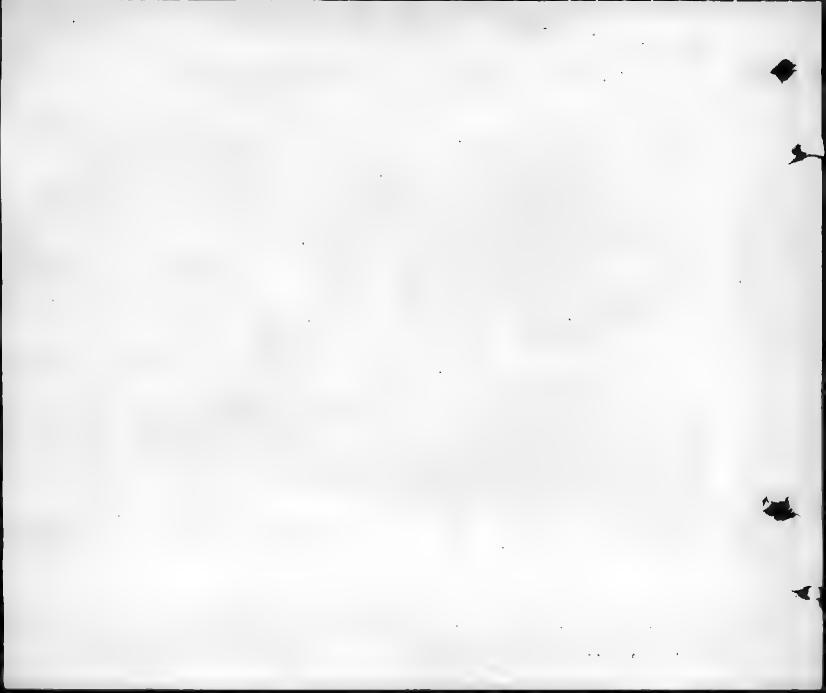


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MARYLAND STATE DEPARTMENT OF HEALTH ONLY OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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Į.									
		USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. STATE b. COUNTY							
	b CITY OR TOWN (if outside corporate mits, write c LENGTH OF STAY IN 1b PURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest, town)							
	CUCKEYS VILLE 6 MONTHS	BALTIMORE							
1	d NAME OF HOSPITAL (If not in hosp tol, give street address) OR INSTITUTION ASONIC HOME	106 W UNIVERSITY PKWY YES NOS							
	3 NAME OF DECEASED (Type or print) NETA BURN # AM	Last 4 DATE Month Day Year WILLIAM SON DEATH AUG 8 19 60							
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. D/ WIDOWED TO DIVORCED	ATE OF BIRTH 1-5-1883 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS If UNDER							
	10a USLA. OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) HOUSE WIFE	11 BIRTHPLACE (Stole or foreign country) MARYLAND 12 CITIZEN OF WHAT COUNTRY? U-S.							
	13 FATHER'S NAME	MOTHER'S MAIDEN NAME							
	WALTER COOK BURNHAM	HATTIE C. ROBERTS							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFOR Yes. no. or unknown) [If yes, give wor or dates of service) 217-16-60-53	French Z. Smith - Cockeyelle							
	PART I DEATH WAS CAUSE (b) Celbual Vacular Occident Wiser ONSET AND DEATH Conditions, if any, which) (b) Carterio Ocleratic Certic Vascular Wiser Wiser (b) Months								
	gove rise to immediate couse (a), stating the <u>under:</u> fying cause last. (b) UE TO (c)								
	САПО	RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO							
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	iter nature of injury in Port I or Port II of item 18)							
	20c TIME OF INJURY Month Day, Year 23d, INJURY OCCURRED While Not while foctory, p. m. 19 of work of work	OF INJURY (Home, farm. 20f (City or town) (County) (State) street office bldg etc.)							
	21 I certify that (I) (this haspital) attended the deceased fram	1-17, 1960, to 8-8, 1969, that (1) (we) last accurred at 9.6.7%, from the causes and an the date stated above							
	220 SIGNATURE CONSTITUTE CONTRACTOR ACCOUNTS	ATTENDING MED STAFF PHYS DIRECTOR PHYS D							
	22c PHYSICIAN S NAME (Type) WALTER T. KEES	COUKEYSUILLE, MD							
	23a BLRIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CR BURIAL (Specify) 8-11-60 Loudon Park Ce								
	Wm. Cook, Inc., 1217 St. Paul Street	250 REC D BY REGISTRAR 250 REG STRAR'S SIGNATURE DATE AUG 1 0'60 - 1147 L. Hand							



r's after death

is certificate has been signed by the attending physician and campletely filled in by the isse as the burial-transit permit. Then please remave carbon papers. Pages I and 2 shay

to burial, crematian, or remayal, and ir oax event, within 72 hours after death.

PHYSICIAN: The law requires that the death certificate be executed within 24,

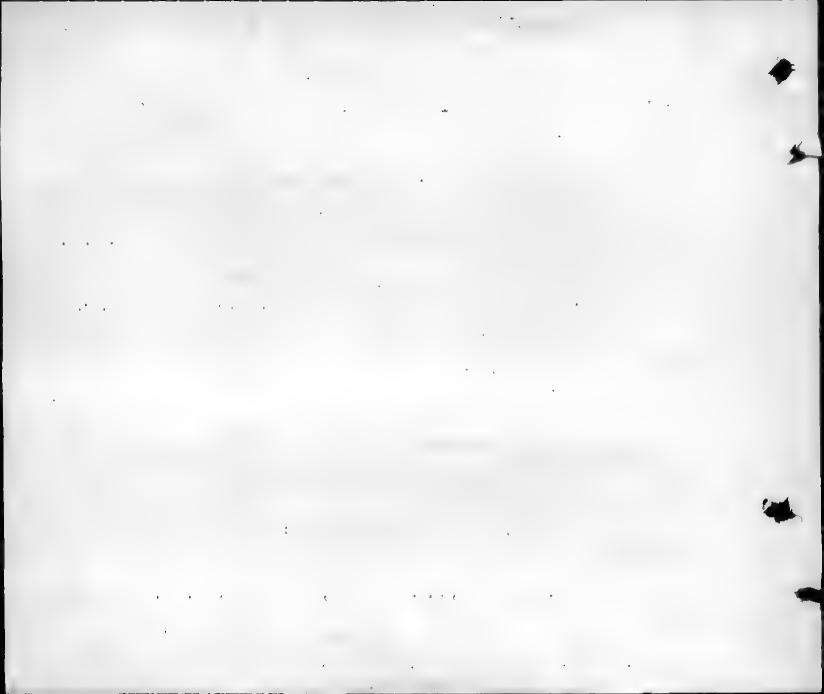
ar attending physician.

TO HOSPITAL OR ATTENDIAN PH may be retained by the ho TO FUNERAL DIRECTOR: Afting a page 3 should be detached in the State Board of Heath the press to

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					the state of the s					
Baltimore		MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b, COUNTY	n: Residence before admission)					
FOTT HOWA	(If autside carporate limits, write nearest town)	101 Days	c. CITY OR TOWN (If auside carporate limits, write RURAL and give nearest lown) Baltimore (Catonsville) 28							
Ve Cerains	PITAL (If not in hospitol, give street Administration H	oddress) ospital	d STREET ADDRESS 1416 Woo	dcliff Avenue	e IS RESIDENCE ON A FARM? YES NO					
3 NAME OF DECEASED (Type or print)	ANDREW First	Middle J .	WINDFELDER	4. DATE Month OF DEATH August	Day Year 2 1960					
s sex Male	White WIDOW	RIED NEVER MARRIED DE DIVORCED S	B DATE OF BIRTH January 7, 1	The state of the s	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.					
Stock Ker	TON (Give kind at wark dane 10b arking life, even if retired) PPET W	kind of Business or Indication		Maryland	U. S. A.					
George Wir	ndfelder		Sophia Kal							
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 117 I	NFORMANT	Addre						
Yes no or unknown)	. I'll you may not deter of consists!		inical Record	s, VAH, Baltimore	18,Md.Ft.Howard					
PART I D	any, which the MET the under the under	IGNANT MELANOM		AL LOBE OF THE	BRAIN 6 MONTHS					
		LONE PHRITIS CONTR BUTING TO DEATH BU	I NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 1					
	MAS UNDERLYING THE 206 DES PROPERTY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	D. (Enter nature of injury in	Part I at Part II of Item 18)						
Haur a m	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a m. p m, 19 at wark at wark at wark									
21 I certify the saw the dece	21 1 certify that (1) (this haspital) attended the deceased from April 23 1960, ta August 2 1960, that (1) (we) last saw the deceased alive graugust 2 1960, and that death accurred at August 2, 1960, that (1) (we) last									
G	y anno	the.	M D ATTENDING MED STAFF 1 8/2/800							
22c PHYSICIAN'S NAME Type	WALTER J. PIJANC	WSKI, M.D.	VAH BALTIM	ORE 18, MD. FT.	. HOWARD DIVISION					
23a BUR AL, CREMAT REMOVAL (Speci BURIAL	ION 236 DATE THEREOF 8-6-60	23c NAME OF CEMETERY C		23d LOCATION (City, town, or Baltimore, Mar						
24 FUNERAL DIRECTO	DR'S S GNATURE	ADDRESS	25a REC		TRAR S SIGNATURE					
George A.	Farley Frederick	And Shady No	ok Aves. DATE A	us 8 '60 OA	alun S. Krous					

Baltimore, Md.

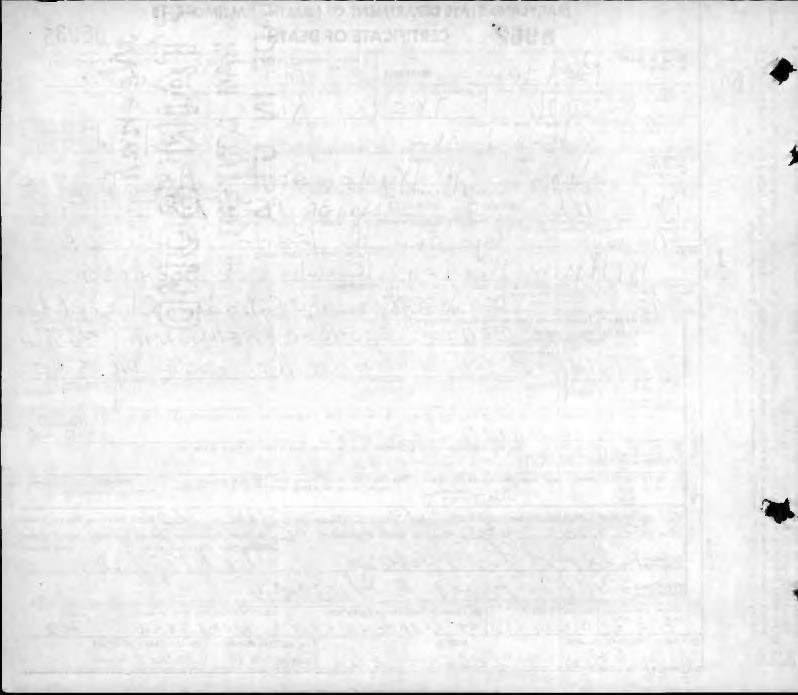


1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
e		8961 CERTIFICATE OF DEATH Reg. Dist. No. 8934
led wit	(F.A)	1. PLACE OF DEATH o. COUNTY AND SO-DUDNE 27- MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admiss on) o. STATE / PRID . b. COUNTY
unerd.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
by the f	18	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION ON A FARM? YES NO ON A FA
lled in l		3. NAME OF DECEASED (Type or print) John Wischhusen Death Aug 19 1960
letely fi s. Poge		5 SEM MACE 6. COLOS OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In Yeors IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min Min
d cample n papers. death.		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WARD RETIRED RETIRED RETIRED REVENUE (STATE OF WHAT COUNTRY OF STATE OF
physician and car move carbon pap hours after death		13. FATHER'S NAME
ng physician e remove car 72 hours oft		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address
attending physician. eriticate has been signed by the atten as the burial-transit permit. Then plea		18. CAUSE OF DEATH [Enter only one cause per line for (p), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate course (c), stoting the under- lying cause tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G
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M 9/55	у (B REMOVAL Specify 8-12-60 GLEN HAVEN EMETERS Flex Berne Miles 23 TUNERAL DIRECTOR'S SIGNATURE ADDRESS Lasles W / aclaussisus Date AUG 2 3 '60 Common 5. Truster



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY o. STATE b. COUNTY MARYLAND the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) INC d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 20 0 YES NO pup , C 3. NAME OF First 4. DATE Yeor filled DECEASED OF Pages (Type or print) DEATH 19 60 campletely i papers. Pag eath. 9. AGE (In years last burthdat) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED & DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country 12. CITIZEN OF WHAT COUNTRY? ring most of working life, even if ratired) carbon p 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician TO move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT oftending CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) þ any Conditions, if any, which gned gove rise to immediate De C DUE TO couse (a), stating the underbeen signature puo lying couse lost. PART II. OTHERS SONIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Pos pina YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part It of item 18.) HE EITHER, NOTIFY MEDICAL EXAMINER 10 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) While Not while of work 21. I certify that I aftended the deceased from 1960 that I last saw the deceased glive or and that death accurred at QM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED DIRECT ACTUAL reloined PHYSICIAN'S FUNERAL NAME (Type) co 220. BURIAL CREMATION. 22b. DATE THEREOF 27c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) pode (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24n, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arthur S. Kraus BELAIR DATAUG 1 8 '60 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8963 s ofter death: TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 per death; may be retained by the hot per attending physician. TO FUNERAL DIRECTOR: Aftra is certificate has been signed by the ottending physician and campletely filled in by the funeral page 3 shauld be detached foldse as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filler registrar prior to burial, cremation, at removal, and in any event within 72 haurs after death.

1 46	-	MICH.	TIBLE	01	HEN	
(CER	TIFIC	CATE	OF	DEA	ATH

Reg. Dist. No. 08936

1. PLACE OF DEATH 0. COUNTY Baltimore MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATEMARYLAND b. COUNTY On the									
b. CITY OR TOW RURAL and giv	N (If outside corporate lime nearest town) TOWBO	n 4	LENGTH OF STAY	IN 16	e CII	Y OR TOWN		4	orate limit	s, write RU	RAL and	give nec	arest low	n)
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, No. 1901 Glen	give street odd Ridge	Road		d_ST	REET ADDRE		len R	idge	Road	i			FARM?
3. NAME OF DECEASED (Type or print)		ian	Middle B.		٧	right		4. DATE OF DEATH		Augu		10	-	Yeor 19 60
s. sex female	6. COLOR OR RACE White	7. MARRIED WIDOWED			DATE C	4, 19	12		9. AGE	(In years irthday) yrs.	Months	Doys	IF UND Hours	ER 24 HRS. Min.
10o. USUAL OCCUP during most of	ATION (Give kind of work working life, even if retire OUSEWIIE	done 105, KIN	ID OF BUSINESS O	R INDUST	RY 11, 8			or foreign o		yland			S.	COUNTRY?
13. FATHER'S NAME						THER'S MAIL								
	Francis A,	Reck				Kathe	rie	le Ha	rtma	n '				
15. WAS DECEASED	EVER IN U. S. ARMED FO	terricel .			FORMAN					Addre				
	DEATH [Enter only one of		-01-1142		elma	Youn	ger	, 19	01 G	len F	Ridge	e Ro	ad	
Conditions, igove rise it codes (a), stat lying couse le	o immediate DUE To obst. OTHER SIGNIFICANT COI	b) c) c) NDITIONS CON	home	eizer ATH BUT N	S ON RELA		CONTERMIN	NAL DISEA	SE CONDI		N IN PAI	See	9. WAS	death r
OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF DEATH	206. DESCRI	BE HOW INJURY O	CCURRED										
20c. TIME OF IN Hour o.	m, m. 19	While at work		fect	ory, stree	JURY (Home, t, office bldg	., elc.)				`	(County)		(Stole)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Chursel 7 Edward F.	Cotte:	2, and that	death	D,	6 Ear	A.	Aug. M, fron Appless (S. Pearl	m the city	or lown, a	nd on I	last so the da	te stat	deceased ed above. ATE SIGNED
270. BURIAL, CREMA BURTAP	8-13-6		2c NAME OF CEMI Moreland			ORY		22d, LOCA B;	TION (CII		r county)		(Stot	e)
23. FUNERAL DIRECT	cook, Inc.,	1217 S	t.Paul S	tree	t	24o.		BY REGIS		24b. REGIS	TRAR'S SI			

VS A1S (4) TSM 9/SS

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